

WA
300
JJ3
U58c
1943

12388
Health
SERVICE FORCES MANUAL

M 354-13

9 NOV 1944

UA
25
8 A14
no. 12
Section 13
C. 2

CIVIL AFFAIRS HANDBOOK

JAPAN *[no. 12] 14/94*

SECTION 13 : PUBLIC

HEALTH AND SANITATION

CLASSIFIED BY CHANGED
TO UNCLASSIFIED
AUTH EO 10501
DATE NOV 5 1953
SECURITY OFFICER
Frank B. Rogers



UNCLASSIFIED

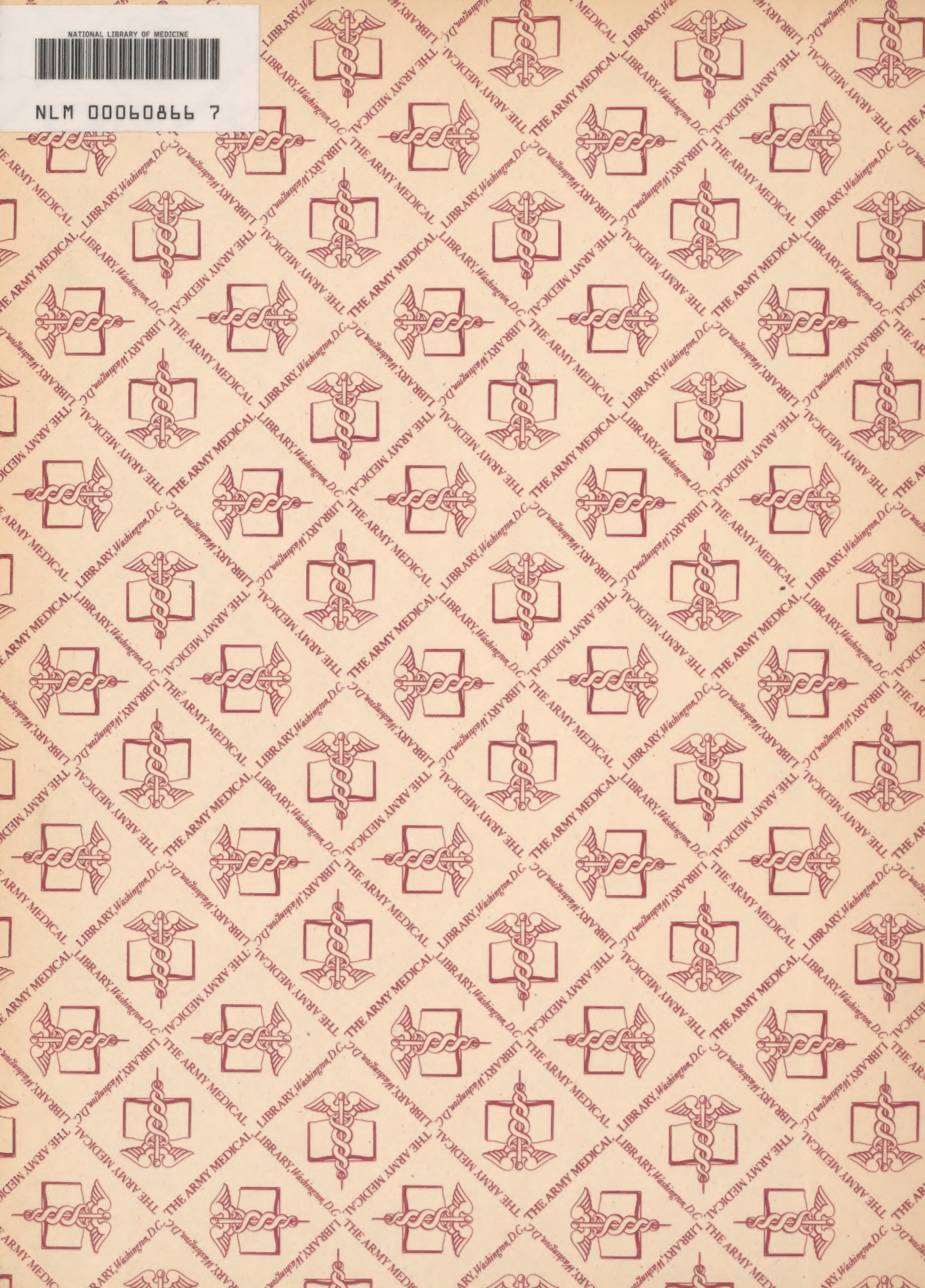
~~RESTRICTED~~

~~The dissemination of restricted matter. The information contained in restricted documents and the essential characteristics of restricted material may be given to any person known to be in the service of the United States and to persons of undoubted loyalty and discretion who are cooperating in Government work, but will not be communicated to the public or to the press except by authorized military public relations agencies. (See also par. 18b, AR 380-5, 28 Sep 1942.)~~

HEADQUARTERS, ARMY SERVICE FORCES, 18 DECEMBER 1943



NLM 00060866 7



DUE TWO WEEKS FROM LAST DATE

JAN 26 1956

GPO 16-71341-1

CIVIL AFFAIRS HANDBOOK

JAPAN

SECTION 13 : PUBLIC

HEALTH AND SANITATION



HEADQUARTERS, ARMY SERVICE FORCES, 18 DECEMBER 1943

UNCLASSIFIED

~~**RESTRICTED**~~

~~... Dissemination of restricted matter. - The information contained in restricted documents and the essential characteristics of restricted material may be given to any person known to be in the service of the United States and to persons of undoubted loyalty and discretion who are cooperating in Government work, but will not be communicated to the public or to the press except by authorized military public relations agencies. (See also par. 18b, AR 380-5, 28 Sep 1942.)~~

NUMBERING SYSTEM OF

ARMY SERVICE FORCES MANUALS

The main subject matter of each Army Service Forces Manual is indicated by consecutive numbering within the following categories:

M1 - M99	Basic and Advanced Training
M100 - M199	Army Specialized Training Program and Pre- Induction Training
M200 - M299	Personnel and Morale
M300 - M399	Civil Affairs
M400 - M499	Supply and Transportation
M500 - M599	Fiscal
M600 - M699	Procurement and Production
M700 - M799	Administration
M800 - M899	Miscellaneous
M900 up	Equipment, Materiel, Housing and Construction

* * *

HEADQUARTERS, ARMY SERVICE FORCES
Washington 25, D. C., 18 Dec 1943.

Army Service Forces Manual 354-13 Civil Affairs Handbook: Japan,
Section 13: Public Health and Sanitation has been prepared under the
supervision of the Provost Marshal General, and is published for the
information and guidance of all concerned.

[SPX 461 (21 Sep 43).]

By command of Lieutenant General SOMERVELL:

W. D. STYER,
Major General, General Staff Corps,
Chief of Staff.

OFFICIAL:

J. A. ULIO,
Major General,
Adjutant General.

U A
25
9A14
No. 12
Sect. 13

WA
300
J53
U58C
1943

24-62621ABCD

C I V I L A F F A I R S H A N D B O O K S

T O P I C A L O U T L I N E

1. Geographical and Social Background
2. Government and Administration
3. Legal Affairs
4. Government Finance
5. Money and Banking
6. Natural Resources
7. Agriculture
8. Industry and Commerce
9. Labor
10. Public Works and Utilities
11. Transportation Systems
12. Communications
13. Public Health and Sanitation
14. Public Safety
15. Education
16. Public Welfare
17. Cultural Institutions

This preliminary study on Public Health and Sanitation in Japan was prepared by the LIAISON AND STUDIES BRANCH OF THE MILITARY GOVERNMENT DIVISION, OFFICE OF THE PROVOST MARSHAL GENERAL.

INTRODUCTION

Purposes of the Civil Affairs Handbooks.

The basic purposes of civil affairs officers are (1) to assist the Commanding General by quickly establishing those orderly conditions which will contribute most effectively to the conduct of military operations, (2) to reduce to a minimum the human suffering and the material damage resulting from disorder and (3) to create the conditions which will make it possible for civilian agencies to function effectively.

The preparation of Civil Affairs Handbooks is a part of the effort to carry out these responsibilities as efficiently and humanely as is possible. The Handbooks do not deal with plans or policies (which will depend upon changing and unpredictable developments). It should be clearly understood that they do not imply any given official program of action. They are rather ready reference source books containing the basic factual information needed for planning and policy making.

Revision for Final Publication.

This section on Public Health and Sanitation in Japan should be considered as a preliminary draft. It will be revised preparatory to its incorporation in the Civil Affairs Handbook on the whole.

The following topical outline indicates the subject matter covered by the Handbook series. This preliminary study on Public Health and Sanitation in Japan was prepared in the LIAISON AND STUDIES BRANCH OF THE MILITARY GOVERNMENT DIVISION, OFFICE OF THE PROVOST MARSHAL GENERAL.

OFFICERS USING THIS MATERIAL ARE REQUESTED TO MAKE SUGGESTIONS INDICATING THE REVISIONS OR ADDITIONS WHICH WOULD MAKE THIS MATERIAL MORE USEFUL FOR THEIR PURPOSES. THESE CRITICISMS SHOULD BE SENT TO THE CHIEF OF THE LIAISON AND STUDIES BRANCH, MILITARY GOVERNMENT DIVISION, PMGO, 2807 MUNITIONS BUILDING, WASHINGTON, D. C.

C I V I L A F F A I R S H A N D B O O K S

T O P I C A L O U T L I N E

1. Geographical and Social Background
2. Government and Administration
3. Legal Affairs
4. Government Finance
5. Money and Banking
6. Natural Resources
7. Agriculture
8. Industry and Commerce
9. Labor
10. Public Works and Utilities
11. Transportation Systems
12. Communications
13. Public Health and Sanitation
14. Public Safety
15. Education
16. Public Welfare
17. Cultural Institutions

This preliminary study on Public Health and Sanitation in Japan was prepared by the LIAISON AND STUDIES BRANCH OF THE MILITARY GOVERNMENT DIVISION, OFFICE OF THE PROVOST MARSHAL GENERAL.

INTRODUCTION

Purposes of the Civil Affairs Handbooks.

The basic purposes of civil affairs officers are (1) to assist the Commanding General by quickly establishing those orderly conditions which will contribute most effectively to the conduct of military operations, (2) to reduce to a minimum the human suffering and the material damage resulting from disorder and (3) to create the conditions which will make it possible for civilian agencies to function effectively.

The preparation of Civil Affairs Handbooks is a part of the effort to carry out these responsibilities as efficiently and humanely as is possible. The Handbooks do not deal with plans or policies (which will depend upon changing and unpredictable developments). It should be clearly understood that they do not imply any given official program of action. They are rather ready reference source books containing the basic factual information needed for planning and policy making.

Revision for Final Publication.

This section on Public Health and Sanitation in Japan should be considered as a preliminary draft. It will be revised preparatory to its incorporation in the Civil Affairs Handbook on the whole.

The following topical outline indicates the subject matter covered by the Handbook series. This preliminary study on Public Health and Sanitation in Japan was prepared in the LIAISON AND STUDIES BRANCH OF THE MILITARY GOVERNMENT DIVISION, OFFICE OF THE PROVOST MARSHAL GENERAL.

OFFICERS USING THIS MATERIAL ARE REQUESTED TO MAKE SUGGESTIONS INDICATING THE REVISIONS OR ADDITIONS WHICH WOULD MAKE THIS MATERIAL MORE USEFUL FOR THEIR PURPOSES. THESE CRITICISMS SHOULD BE SENT TO THE CHIEF OF THE LIAISON AND STUDIES BRANCH, MILITARY GOVERNMENT DIVISION, PMGO, 2807 MUNITIONS BUILDING, WASHINGTON, D. C.

RESTRICTED

Table of Contents

	Page
I. General	1
a. Geography	1
b. Prefectural Governments	1
II. Vital Statistics	4
a. Population	4
b. Birth Rate	4
c. Legitimacy and Illegitimacy	5
d. Marriages and Divorces	5
e. Deaths	6
f. Poisonings	8
g. Burials and Cremations	9
III. Ministry of Public Health and Welfare	10
a. Historical	10
b. Organizational Outline of the Ministry	12-a
IV. Central Sanitary Administration	13
a. Central Administration Proper	13
1. Health Preservation Section	14
2. Chronic Diseases Section	14
3. Acute Infectious Diseases Section	14
4. Medical Matters	14

RESTRICTED

- ii -

	Page
b. Advisory Councils	15
1. Central Board of Health Council	15
2. Council for Investigation of Japanese Pharmacopoeia	15
3. Council for Investigation of National Hygiene	16
4. National Parks Council	16
5. Opium Commission Council	16
c. Laboratories	16
1. Government Hygienic Institute Laboratories	17
2. Government Institute for Infectious Diseases	18
3. Government Research Institute of Nutrition	18
d. Examining Bodies	19
e. Medical Relief	20
1. Policy	20
2. Medical Relief Establishments	21
a. National Leprosaria	21
b. Prefectural Leprosaria	22
c. National Tuberculosis Sanitarium	22

RESTRICTED

RESTRICTED

- iii -

	Page
V. Health Functions in the Other Departments	24
a. Department of Home Affairs	24
b. Department of Education	24
c. Departments of War and Navy	24
d. Railway and Prison Sanitation	24
VI. Public Health Institute	25
VII. Physical Education	26
VIII. Provincial Organizations for Public Health	
Administration	26
a. Local Governors	27
b. Chief of the Police Station	27
c. Cities, Towns, Villages and their Heads	27
IX. Quarantine Organizations	27
X. Medical Personnel	30
a. Doctors	30
b. Dentists	32
c. Pharmacists	34
d. Auxiliary Staff	35
1. Midwives	35
2. Nurses	35
3. Public Health Nurses	35
4. Miscellaneous	35

RESTRICTED

24-62621ABCD

RESTRICTED

- iv -

	Page
e. Veterinarians	36
XI. Hospitals	37
XII. X-Ray Apparatus	41
XIII. Drugs	42
a. Control	42
1. Pharmacists	42
2. Druggists	42
3. Drug Manufacturers	42
b. Handling of Drugs	43
XIV. Medicines	45
a. Medicines not mentioned in any Pharmacopoeia	45
b. Inspection of Medicines	45
c. Patent Medicines	45
XV. Budgets	46
XVI. Rural Sanitation and Collaboration of the Population	47
XVII. Housing	48

24-62621ABCD

RESTRICTED

RESTRICTED

- v -

	Page
XVIII. , Water Works and Drinking Water	50
a. Water Supply	50
b. Existing Waterworks	51
c. Methods of Purification	52
d. Water Supply Fees	52
e. Waterworks Consultation Society	53
XIX. Sewage Waste and Garbage Disposal	54
XX. Foods, Beverages and Other Articles	57
a. Early Laws	57
b. Principal Laws and Regulations	58
c. Control of General Foods and Drinks	58
d. Control of Special Foods and Beverages	59
XXI. Composition of Food and Method of Preparation	60
a. Rice	60
b. Milk	61
c. Meat Hygiene	63
XXII. Mineral Springs	66
XXIII. Opium and its Control	67
XXIV. Health Examination of Prostitutes	69

RESTRICTED

24-62691AECB

RESTRICTED

- vi -

	Page
XXV. Venereal Diseases	71
XXVI. Health Centers	74
XXVII. Infectious Diseases (Reportable)	75
a. Cholera	75
b. Dysentery and "Ekiri"	76
c. Typhoid Fever, Paratyphoid Fever	78
d. Smallpox	79
e. Scarlet Fever	80
f. Diphtheria	80
g. Typhus Fever	80
h. Plague	81
i. Trachoma	83
j. Cerebrospinal Meningitis	85
k. Notification of Acute Infectious Diseases	85
l. Detection and Disposal of Bacilli Carriers	86
XXVIII. Port Quarantine	88
XXIX. Rabies	91
XXX. Vaccination	91
XXXI. Parasites	95

24-62621ABCD

RESTRICTED

RESTRICTED

- vii -

	Page
a. Common Types	95
b. Geographical Distribution of Parasites	95
c. Preventive Measures Employed	94
d. Worms	95
 XXXII. Tuberculosis	 96
a. History	96
b. Statistics	97
c. Duties of Administration Authorities	98
 XXXIII. Mental Disorders	 101
 XXXIV. Cancer	 105
 XXXV. Bacteriological Laboratories	 106
a. Number	106
b. Vaccines, Sera, etc.	106
c. Vaccines	107
 XXXVI. Disease Information	 109
a. Malaria	109
b. Dengue Fever	109

RESTRICTED

34-02621A3CD

RESTRICTED

- viii -

	Page
c. Pappataci or Sandfly Fever	110
d. Influenza	110
e. Pneumonia	110
f. Relapsing Fever	111
g. Schistosomiasis	111
h. Filariasis	111
i. Other Worm Infestations	111
j. Epidemic Encephalitis	112
k. Dermatological Conditions	112
l. Beri beri	112
m. Leptospirosis	113
n. Leprosy	113
o. Tetanus	114
p. Kala Azar	114
q. Anthrax	114
r. Actinomycosis	114
XXXVII. Insects and Animals of Importance to Man	115
a. Mosquitoes	115
b. Flies	115
c. Sandflies	116
d. Other Flies	117
e. Fleas	117

RESTRICTED

RESTRICTED

- ix -

	Page
f. Lice	118
g. Mites	118
h. Rats	118
i. Poisonous Snakes	119
j. Pests	119
XXXVIII. Diseases of Cattle	120
XXXIX. Maternity and Child Welfare	120
XL. Organization of School Hygiene	122
XLI. Mutual Relief Organizations	123
XLII. Health Insurance Act	123
XLIII. Industrial Hygiene	124
XLIV. Red Cross Activities	126

List of Illustrations

1. Sports Center of Tokyo	28
2. Tokyo Municipal Sanatorium	65
3. St. Luke's International Medical Center	108

Appendices

A. Tables

Table I. Number of Deaths Caused by Disease in Japan Proper in 1938	133
--	-----

RESTRICTED

24-62621ABCD

RESTRICTED

- x -

	Page
Table II. Municipal Hospitals, Convalescent Homes, Clinics, and Health Advice Offices	169
Table III. Notifiable Infectious Diseases	175
Table IV. Number of Water Works	176
Table V. List of Approved Biologicals	178
Tables VI. & VII. Number of Officials in Department of Health and Sanitation	179
Table VIII. Administration of School Hygiene	181
Table IX. Ministry of Public Health and Welfare	182

B. Maps

Japan	xii
Cholera	183
Dengue	184
Filariasis	185
Malaria	186
Plague	187
Schistosomiasis	188
Tetanus	189
Typhus Fever	190

24-02621ABCD

RESTRICTED

RESTRICTED

- xi -

	Page
<u>C.</u> A Method of Obtaining a Japanese Medical	
History Outline	191
List of References	215

RESTRICTED

- xii -



(This Document Must Not Fall Into Enemy Hands)

24-62621 ABCD

7/5

RESTRICTED

J A P A N

PUBLIC HEALTH AND SANITATION

I. General

a. Geography. A proper understanding of the functioning of any governmental agency of Japan requires the possession of certain fundamental facts about the geography of Japan. For purposes of government the Japanese Empire is divided into two main divisions: (1) Japan Proper and (2) her possessions and Mandated Islands. The possessions are Korea, Formosa, Karafuto and Kwantung. The Mandated Islands are the Marianas, Marshalls and the Carolines: these three groups of islands lie in the North-west Pacific Ocean between 130 degrees and 175 degrees east longitude and between one degree and twenty one degrees north latitude. They form a great maritime triangle; the base of 2700 miles is formed east to west by the Caroline and Marshall Islands, the apex 1200 miles north of the base is formed by the Marianas. Japan Proper, geographically, is a long and narrow group of islands lying between north latitude 50 degrees and 25 degrees. In the northern part of these islands the winters are extremely cold with a great deal of snow, and in the southern part, especially in Okinawa prefecture, the climate is always warm, like that of the subtropical zone. There are four main islands in the group: Hokkaido, Shikoku, Honshu and Kyushu.

b. Prefectural Governments. For administrative purposes, however, Japan Proper is divided into "Ken" or Prefectures, of which there are 47,

RESTRICTED

- 2 -

each serving as a centralized unit. They are grouped geographically as follows:

Northeastern Group of Prefectures:

Hokkaido
Aomori
Iwate
Miyagi
Akita
Yamagata
Fukushima

Eastern Group of Prefectures:

Ibaraki
Tochigi
Gumma
Saitama
Chiba
Tokyo (City Government)
Kanagawa

Northern Group of Prefectures:

Nigata
Toyama
Ishikawa
Fukui

Tosando Group of Prefectures:

Yamanashi
Nagano
Gifu

Tokaido Group of Prefectures:

Shizuoka
Aichi
Miye

Kinki Group of Prefectures:

Shiga
Kyoto (City Government)

RESTRICTED

RESTRICTED

- 3 -

Hiogo
Nara
Wakayama
Osaka (City Government)

Chugoku Group of Prefectures:

Tottori
Shimane
Okayama
Hiroshima
Yamaguchi

Shikoku Group of Prefectures:

Tokushima
Kagawa
Ehime
Kochi

Kyushu Group of Prefectures:

Fukuoka
Saga
Nagasaki
Kumamoto
Oita
Miyazaki
Kagoshima
Okinawa

It should be noted that Tokyo, Kyoto and Osaka are administered as City Governments rather than prefectural governments.

RESTRICTED

24-62631ABCD

RESTRICTED

- 4 -

II. Vital Statistics

a. Population. According to the national census of Japan taken in 1939, the actual population was 72,222,700. The sex ratio shows 100.62 males to 100 females. The males slightly exceed the females, a condition diametrically opposite to practically all European and American countries.

	<u>1935</u>	<u>1939</u>
Total	69,254,148	72,222,700
Male	34,734,133	36,182,700
Female	34,520,015	36,040,000
Number of households	13,499,483	13,704,364
Average number in household	5.13	5.13

The density of the population, as based on the census of 1935, was 181 persons per square kilometer, an increase of 12 over the corresponding figures of the previous census. Density according to locality shows Tokyo prefecture to be most densely settled, with a figure of 2,970 persons per square kilometer. Osaka has 2,369, Kanagawa 782, while the most sparsely settled locality was Hokkaido with a density of 35.

Dividing the population into two categories, urban and rural, shows urban to be 22,666,037 or 32.73%, and rural 46,587,841 or 67.27%.

Considering the ages from 15 to 60 to be industrially productive, on the basis of productivity the 1935 figures indicate the following:

Male and female	Total	69,254,148	100%
	Under 15	25,545,167	36.89%
	From 15-59	38,553,411	55.67%
	60 and over	5,155,570	7.44%

b. Birth Rate. The total number of live births in Japan Proper in 1937 was 2,180,734 and its ratio to the actual population was 30.61 births per 1,000 inhabitants. This figure represents:

Male 1,116,154
Female 1,064,580

RESTRICTED

24-62621ABCD

RESTRICTED

- 5 -

Total 1938 live births was 1,928,331, which shows a decline. This represents a ratio of live births to population in 1938 of 26.70 per 1000 births, or 104.8 males to every 100 females.

The highest birth rate was in Aomori with 41.76 and the lowest in Osaka with 23.06. Osaka is the center of the industrial area of Japan.

Still births in Japan Proper in 1937 were 111,485; males 60,578, females 50,214, giving a rate of 1.56 per 1000. In 1939 the still births were 99,528, a decline from the previous year.

The ratio of still births of 1.56 per 1000 is considered high for a civilized country. Most European and American Nations have a still birth rate of under 1.

c. Legitimacy and illegitimacy. The ratio of illegitimacy in Japan is high:

per 100 births in general	legitimate	93.8
	illegitimate	6.2
per 100 still births	legitimate	80.9
	illegitimate	19.1
per 100 legitimate births	live births	95.7
	still births	4.3
per 100 illegitimate births	live births	84.6
	still births	15.4

d. Marriages and Divorces. The total number of marriages among the actual population in Japan Proper in 1937 was 674,580 and the ratio per 100 of the actual population as of that year was 9.47. The highest ratios were found in Toyama prefecture with 12.30, Kagawa 11.80 and the lowest ratios were Tokyo 7.58, and Osaka 7.63.

RESTRICTED

RESTRICTED

- 6 -

The number of divorces in 1937 was 46,500 or 0.65 per 1000 population. Compared to the marriages of that year the divorces were 6.9 percent of the marriages. Compare this figure to those of 1890 when the divorce rate was 33.5 for every 100 marriages. This rate has been steadily declining except for a brief period around 1915, a phenomenon attributed to the greater importance played by women in the economy of Japan.

e. Deaths. The total number of deaths in Japan Proper in 1939 was 1,259,805 of which 652,926 males and 606,809 were females, giving a rate of 17.52 per 1000 for males and 16.38 for females. The highest rate was in Ishikawa with 23.70 and lowest in Tokyo with 12.91 per 1000. January, February and march show the highest death rates, May, and June the lowest.

Life expectancy as calculated at the Bureau of Statistics of the Cabinet was as follows:

Age	male	female
under 1 year	44.82 years	46.54 years
2 years	51.07	52.10
5	51.85	53.00
10	47.93	49.18
20	40.18	42.12
30	33.43	35.98
40	25.74	29.01
50	18.49	21.07
60	12.23	14.68
70	7.43	8.88

RESTRICTED

RESTRICTED

- 7 -

Comparison by Years:

Year	Total number of deaths	Death per 1000	Deaths of children under one year per 1000 births
1934	1,234,684	18.1	125
1935	1,161,936	16.8	107
1936	1,230,278	17.5	117
1937	1,207,899	17.0	106

Principal causes of death, with their ratio per 10,000 population, as of 1938:

	Males	Females	Total
Typhoid and paratyphoid fever	1.00	1.00	1.00
Measles	0.7	0.8	0.8
Whooping cough	1.2	1.5	1.4
Diphtheria	0.7	0.6	0.6
Influenza	1.2	1.2	1.2
Dysentery	2.3	2.5	2.4
Tuberculosis of Respiratory System	16.1	14.4	15.3
Other Tuberculosis	4.7	6.1	5.4
Syphilis	1.0	0.6	0.8
Septicemia	1.5	1.2	1.3
Cancer and other malignant tumors	7.1	6.9	7.0
Meningitis, except tuberculous	5.5	5.0	5.3
Cerebral hemorrhage, embolism, thrombosis	18.5	15.1	16.8

RESTRICTED

RESTRICTED

- 8 -

Chronic Endocarditis & Valvular disease	2.9	3.6	3.3
Diseases of coronary arteries	0.9	0.6	0.7
Arteriosclerosis	0.9	0.0	0.7
Bronchitis	3.9	3.5	3.7
Pneumonia	17.1	14.9	16.0
Pleurisy	2.7	2.4	2.6
Ulcer of stomach and duodenum	2.3	1.1	1.7
Enteritis and diarrhea (under two years of age)	10.7	9.4	10.0
Enteritis over 2 years of age	6.4	8.0	7.2
Cirrhosis of liver	.9	.5	.7
Nephritis	8.0	8.5	8.3
Suicide	2.8	1.6	2.2
Accidents	0.5	2.5	4.2

Attention is called to the high death rate from tuberculosis, enteritis and cerebral accidents and pneumonia.

f. Poisonings. The total number of persons poisoned in 1937 was 12,000. Of these 7,410, or 58.50%, were poisoned intentionally; 5,213, or 41.16%, accidentally. Of poisonous substances employed the ones most frequently used in intentional poisoning were "calmotive" and those containing phosphorous, cyanide, and patent medicines. Accidental poisoning was due mostly to eating poisonous fish, or a food widely eaten in Japan called kamaboku, and poisonous mushrooms.

RESTRICTED

RESTRICTED

- 9 -

g. Burials and Cremations. Burial grounds total 975,682, crematories total 34,534. Total number cremated in 1937 was 707,164, or 53.76%. Total number buried 608,329, or 46.24%. In some areas, such as Toyama, Ishikawa, Osaka, Tokyo, Hiroshima the percentage of cremations run over 90% of the dead. The low percentage cremations were in Southern Japan as in Kagoshima where the cremations ran as low as 4.68% of the dead.

24-62621ABCD

RESTRICTED

RESTRICTED

- 10 -

III. Ministry of Public Health and Welfare

a. Historical. For centuries the chief health problem of the Japanese has been the pandemics -- the vast epidemics that swept the whole country, with cholera, plague, smallpox, dysentery, influenza and typhoid -- and the chief effort of the authorities has been toward combatting these pandemics that decimated the population and caused panic among the people. Though great strides have been made and certain epidemics, such as cholera and plague and smallpox, have been blotted out, it was after the restoration of the Meiji (1868-1873) that a sanitary commission was established in Japan. This was modelled after those in existence in the United States and countries of Europe.

In the beginning, the Toko (the East College) of the Imperial University controlled sanitary administration, in addition to medical education. But in 1872 a Medical Section was set up in the Department of Education and the year following the Medical Bureau in the Department of Education was established. This was the first body ever created in Japan for sanitary administration. At that time there was little legislation concerning sanitary administration and the Medical Bureau began the investigation and drafting of regulations, and in 1874 published the so called "Medical Code." This was the first unified statute to be published in Japan.

The Medical Bureau of the Educational Department had under its control not only sanitary administration but medical education as well. It was transferred to the Home Department in 1875 and a body for the exclusive management of sanitary affairs came into existence for the first time in Japan. At that time the organization was called the "Seventh Bureau," but soon after it was

RESTRICTED

RESTRICTED

- 11 -

renamed "The Sanitary Bureau" and has continued to function under that name ever since.

Until 1937 the entire organization of Health and Sanitary Services functioned under the Ministry of Home Affairs. However, at a meeting of the Konoye Cabinet on June 9, 1937, it was decided to create a new ministry -- the Ministry of Public Health and Welfare. This was officially organized in 1938 and has since taken over the business of the Ministry of Home Affairs as far as Sanitary and Health matters are concerned. This move was prompted by the great number of rural inhabitants being brought into the factories in the cities. Japan was changing from an agricultural to an industrial nation.

The Ministry of Welfare was created by Imperial Ordinance Number 7 of the 10th of January, 1938.

Article 1, No. 1, states that the Minister of Public Health and Welfare shall be in control of administration connected with the national health, social undertakings, and labor.

Article 2 divides the Ministry of Public Health and Welfare into Departments of Physique, Sanitation, Prevention of Disease, Social Affairs, and Labor. The Department of Physique, in addition to matters of physique and physical training, is responsible for the health of pregnant women, infants, and children. The Department of Sanitation, among other functions, is concerned with education in hygiene, medical affairs, and pharmacy, and other departments. The branches specified for the Department of Prevention of Disease are the prevention of infectious, local and other disease, quarantine administration, mental diseases, and racial health. The Department of Social Affairs is responsible for functions which are in the main similar

RESTRICTED

24-62621ABCD

RESTRICTED

- 12 -

to those of the former boards of guardians in this country. The Department of Labor explains itself, its functions including the supervision of international labor matters.

Councillors up to fifteen in number are attached to the Department of Labor, these being selected from among higher Civil Servants and economic experts. Officials for the supervision of factories and mines and for arbitration in labor disputes are selected from among the permanent staff.

The Public Health Service and Sanitary Bureaus of Japan are modern, efficient and compare favorably with those of the Western Hemisphere. The Public Health Services are administered under four main branches: (1) General Public Health by the Central Sanitary Bureau of the Ministry of Public Health; (2) Industrial Hygiene by the Bureau of Social Affairs; (3) School Hygiene by the Department of Education; (4) Military Hygiene by the Army and Navy Ministries.

Officials of Ministry of Public Health and Welfare, January 1, 1941.

Minister of Health - Yasui Eiichi

Secretary to Ministry of Health - Irie Seichiro

Director, Sanitation Bureau - Kato Otomaro

Director of Preventive Medicine Section - Takano Rokuro

Director Bureau of Social Welfare - Kumagai Kenichi

Director Labour Bureau - Mochinaga Gifu

Director Occupational Bureau - Naito Kanichi

Director Unemployment Bureau - Naito Kanichi

Director General Affairs Bureau - Kawamura Hideo

Director Bureau of Social Welfare - Shimidzu Ken

Director Post Office Insurance Bureau - Maeda Jo

RESTRICTED

RESTRICTED

- 12-a -

Table A

b. Organizational Outline of the Ministry of Public Health and Welfare

Minister of Health - Member of Cabinet

I.
Bureau of
Physical Training

Minister's Secretariat

Confidential Secretary
Filing & Correspondence
Accounting

Section of Planning

Improvement of Physique
Physical Measurements
Miscellaneous

Physical culture

Physical culture exercises
Training of Phy. culture
instructors
Mass exercise in cadence
Miscellaneous

Section of Equipment

Parks
Other Equipment
Physical training of
midwives, infants and
children

II.
Bureau of
Health

Section of Health
Maintenance

Water works & Sewers
Food, beverages
Animal husbandry
Public sanitation
Natural spring, beaches, etc.
Training of Sanitation Specialist

Section of
Education

Improvement of Health Methods
Clothing, Housing conditions

Medical Section

Doctors, dentists, nurses,
midwives
Pharmacist & Manufacturers of
drugs, medical societies; Dentist
and Pharmacist societies. Medical,
dental, pharmacist examination
clinics -- medical and dental;
control of opium and narcotics,
poisons
Cultivation of medicinal plants

RESTRICTED

RESTRICTED

- 12-b -

III.

Bureau for
Prevention of
Diseases

1. Section on chronic infectious
endemic diseases such as tuber-
culosis, leprosy etc.
2. Section on acute contagious
diseases, small-pox, trachoma,
varicella, rubiola.
3. Section on quarantine of
epidemic contagious disease.

IV. Bureau of Social Affairs

V. Bureau of Labor

VI. Bureau of Occupations

VII. Bureau of Unemployment

Board of Insurance

Board for Protection of Wounded Veterans

24-6881ABCD

RESTRICTED

RESTRICTED

- 13 -

IV. Central Sanitary Administration

The Staff of the Central Sanitary Bureau is usually composed of the following members: an Administration Official, a Director, 6 experts and 13 assistant experts and clerks. In addition to this the Bureau has in its service as temporary members nine medical experts and three assistant experts who are employed in the prevention of infectious diseases; two experts, two clerks and three assistant experts who are employed in public health inquiries.

The Central Sanitary Administration is composed of five divisions, and these in turn, in typical Japanese fashion, are sub-divided into various operating units. The five major divisions consist of:

- a. Central Administration Proper
- b. Advisory Councils
- c. Laboratories
- d. Examining bodies
- e. Medical Relief Establishments

a. Central Administration Proper. This is presided over by a Board of Health which holds four regular meetings a year, frequent committee meetings, and have among their duties the imposing of penalties on medical practitioners, dental surgeons and pharmacists. The board consists of:

Chairman--Minister of Public Health and Welfare
Secretary--Secretary of the Ministry
Members--26
Temporary Members--10
Three Clerks

Central Administration Proper organization is divided into the four following sections:

- 1. Health Preservation
- 2. Chronic diseases prevention
- 3. Acute infectious diseases prevention
- 4. Medical matters

RESTRICTED

24-52021AECB

RESTRICTED

- 14 -

1. Health Preservation Section is concerned with:

- (i) Drinking water and waterworks.
- (ii) Foods, beverages and nutrition.
- (iii) Sewage, removal of wastes, and other means of maintaining cleanliness.
- (iv) Public parks, mineral spring resorts, sea bathing places and other health resorts.
- (v) Sanitation of factories, theaters, and other gathering places.
- (vi) General hygiene of children and women.
- (vii) Encouragement of physical exercise.
- (viii) Health statistics.
- (ix) Diffusion of the knowledge of hygiene.
- (x) Other matters relating to public health which do not come under the control of other sections.

2. Chronic Diseases. The section for the prevention of chronic diseases is concerned with:

- (i) Tuberculosis, trachoma, leprosy, venereal diseases, and other chronic infectious diseases.
- (ii) Parasitic, protozoal and local diseases.
- (iii) Mental diseases.
- (iv) The Saiseiki (medical charity association), a foundation originating from an Imperial Donation, as well as other measures of free medical treatment.

3. Acute Infectious Diseases. The section for the prevention of acute infectious diseases is concerned with:

- (i) Acute infectious diseases.
- (ii) Port quarantine.
- (iii) Vaccines, sera, and other articles of bacteriological prevention and treatment.

4. Medical Matters. This section is concerned with:

- (i) Medical practitioners, dentists, surgeons, midwives, and other practitioners.
- (ii) Pharmacists, drug manufacturers and druggists.
- (iii) Association of medical practitioners, dental surgeons and pharmacists.
- (iv) Medicines and patent medicines.
- (v) Poisonous or potent drugs and other injurious substances.
- (vi) Non-therapeutic chemical substances requiring control by the public health unit officer.
- (vii) The cultivation of medicinal plants and the expanding of drug manufacture.
- (viii) Hospitals in general.

RESTRICTED

RESTRICTED

- 15 -

b. Advisory Councils. The advisory councils operate under the supervision of the Ministry of Health, and consist of five units.

1. The Central Board of Health Council.
2. Council for Investigation of the Japanese Pharmacopoeia
3. Council for the Investigation of National Hygiene.
4. National Parks Commission.
5. Opium Commission.

1. The Central Board of Health Council was first established in 1877 when cholera was prevalent, in order to investigate and consult in the measures to be taken in connection with sanitary inspection, detention of vessels and other matters. It was made a permanent institution empowered to act as an advisory body in regard to affairs of sanitary administration in general. The board is under the direct supervision of the Minister of Health and is authorized to express its views in answer to inquiries made by the competent Ministers of State regarding matters relating to Public Health as well as to the health of animals. It is composed of a chairman and not more than thirty members; in case of necessity additional temporary members may be appointed. The Board has a secretary who must be a high official of the Home Department and who is in charge of the Board's general business.

2. Council for the investigation of the Japanese Pharmacopoeia was first established as a temporary body in 1900 for the purpose of investigating matters relating to the revision of the "Second Revised Edition of the Japanese Pharmacopoeia" such revision being of urgent necessity at the time. It was revised in 1906, and as these matters require constant revision, the Council was transferred into a permanent organization. It investigates under the supervision of the Minister of Health matters relating to the revising of the Japanese Pharmacopoeia and is composed of one chairman and not more than sixteen members; in case of necessity, additional temporary members may be appointed. The Council

RESTRICTED

RESTRICTED

- 16 -

has in its service a secretary who must be a high official in the Ministry of Health and who is in charge of the Board's general business.

3. The Council for the Investigation of National Hygiene is under the Supervision of the Minister of Health and investigates and advises in matters relating to preservation of national health and hygiene. It is composed of a chairman and not more than 40 members; in case of necessity additional temporary members may be appointed. Its chairman is the Minister of Health. The Secretary must be a high official of the Ministry of Health and is responsible for the management of its general business.

4. National Parks Council is an advisory board on matters concerning National Parks. Chairman, 13 Secretaries, 39 Members, 5 temporary members, 3 Clerks.

5. The Opium Commission Council is an advisory board on opium and other dangerous drugs. It consists of a chairman, eleven secretaries which includes: Secretary of Foreign Office, Secretary of Home Department, Expert of Home Department, Secretary of Finance Department, Secretary of Department of Justice, Secretary of Communications Department, Secretary of Overseas, Secretary of Manchukuo Affairs, 19 members of the Commission and 5 clerks. In 1937 two meetings were held to (1) Report on the progress of International Conference for Control of illicit traffic in Narcotic Drugs. (2) Meeting in regard to disposal of crude morphine by the monopoly bureau of the Taiwan Government General.

c. Laboratories.

The Laboratories include:

1. Government Hygienic Institute.

RESTRICTED

RESTRICTED

- 17 -

2. Government Institute for Infectious Diseases.
3. Government Institute of Nutrition.

1. The government Hygienic Institute Laboratories had their origin in the Tokyo Medicine Examination Institute in 1878, founded by the Education Department for the purpose of examining medicines. When work of the Sanitary Administration was transferred from the Education Department to the Home Office the Institute came under the control of the latter and finally under the Ministry of Public Health in 1938. In 1897 it was named Hygienic Institute Laboratory and was made responsible for the business relating to medicinal opium which had hitherto been a responsibility of the Sanitary Bureau. At present the two main laboratories are in Tokyo and Osaka. Both are under the control of the Ministry of Health and deal with the examination of specimens and with research. The Tokyo laboratory consists of four sections:

- (i) Examination section: scientific examinations arising out of legal, civil and criminal cases.
- (ii) Medicine section: requests made for examinations by government and private parties.
- (iii) Research on Drugs: methods of use and purity of drugs etc.
- (iv) Section of general affairs: Accounts and Administration.

The Osaka Laboratory has no research section. Staffs appointed for these laboratories are: 8 experts, 19 technicians and 5 clerks; for each laboratory a superintendent is appointed who is selected from the experts.

During the World War the importation of medicines from abroad became difficult, and pressed by the urgency of the situation at home the laboratories undertook the manufacture of certain drugs, and the cultivation of plants.

During 1937 the number of non-medical examinations made were 2,036.

RESTRICTED

RESTRICTED

- 18 -

Examinations of medicines were 620,447. Special examinations were 9,874. Applications to purchase opium were 9,874 for a total weight of 21,123,625 grammes, an increase of 3,887,942 grammes over the preceding year.

2. The government Institute for Infectious Diseases was first established as an annex to the Health Society of Japan in 1892. In 1899 it was made a Government Institution under the control of the Home Department and in 1905 it took charge of the vaccine and serum production managed by the Educational Department and was attached to the Imperial University. However, it is still under the supervision of the Ministry of Health so far as matters pertaining to Sanitary Administration are concerned.

The Institute investigates infectious diseases and sources of infection; investigation of methods of prevention and treatment; examination of materials in connection with prevention, disinfection and treatment; the study of the methods of investigation of infectious diseases, and the manufacture and examination of vaccines, sera and other bacteriological prevention and therapeutic products. The Superintendent of the Institute is appointed by the Minister of Education and he may be either a professor of the Imperial University or an independent expert. The Staff consists of 10 experts, 25 technical assistants, 3 pharmacists, 5 clerks and 3 chief nurses. In addition not more than 20 unpaid technical assistants may be employed.

3. The Government Research Institute of Nutrition was founded in 1902,

RESTRICTED

RESTRICTED

- 19 -

under the control of the Home Affairs Bureau, for the purpose of research and investigations on the subject of national nutrition. The Japanese believe that the increase of fertility and of human stature is closely related to food, and the work of the Institute is largely to that end. It is divided into four departments: Basis Research Department, Applied Research Department, Department for Investigation and Department for General Affairs. Six experts, nine technical assistants and two clerks from the personnel of the Institute and the superintendent appointed from among the experts. In addition to the staff, not more than 10 unpaid assistant experts may be engaged. Among 57 subjects investigated in 1937, the following will serve to indicate the type of work:

- Digestibility of maize.
- Biochemical studies of soy beans.
- Energy requirement in pregnancy.
- Storage of sardines.
- Vitamin D in vegetable oils.
- Studies in the energy requirement of Japanese.
- Studies in famine relief foods.
- On the food of Java and Bali.
- Effect of nutrition on the reproduction of animals.

177 lectures and courses were given at the Institute. 5,668 persons attended the Institute during the year 1937. Its most important contribution has been the standardization of rice by the "carbolfuchsin" dye method, setting 70% as the standard of polish.

d. Examining Bodies. These include commissions for the examination of medical practitioners, dental surgeons and pharmacists. The Committee for the Examination of Medical Practitioners is composed of a Chairman, Vice Minister of Health, Secretary of Ministry of Health, nineteen members all of whom are professors at the Tokyo Imperial University, and three clerks.

RESTRICTED

RESTRICTED

- 20 -

The Committee for the Examination of Dental Hygiene is composed of a Chairman, Vice Minister of Health, a Secretary and sixteen professors at the Tokyo Imperial University, Tokyo Higher Dental College, and four clerks.

The Committee for the Examination of Pharmacists is composed of: Vice Minister of Health, a Chairman, two secretaries, twenty-eight members and four clerks.

The "Chuo-eiseikai" is the disciplinary body for doctors, dentists and pharmacists. The Ministry of Health refers all pertinent matters to the board for investigation and suggestion of disciplinary action.

e. Medical Relief

1. Policy.

In Japan medical practice and public services are not generally carried out by the same personnel. Private medical practice forms the basis of the Japanese Medical System. In order to supplement the system of private practice, Japanese laws sanction the establishment of institutions for medical treatment by agents other than individual physicians. There are a number of governmental and public organizations for medical treatment and non-profit making dispensaries open for medical relief work. There are sanatoria, as well as dispensaries, for specific purposes such as infectious diseases, tuberculosis, leprosy, venereal diseases and mental diseases, as well as dispensaries attached to certain industries.

Prefectures, cities, towns and villages also establish hospitals, sanatoria, and dispensaries for the treatment and prevention of trachoma,

RESTRICTED

RESTRICTED

- 21 -

venereal disease, mental disease, acute infectious diseases, leprosy and tuberculosis. In response to the demands of the time, medical treatment unions have been favored in corrective, cooperative societies and other medical aid associations. The government has to a certain extent adopted a system of sickness insurance and compulsory health insurance. Legislation for workmen has subsequently been introduced together with health centers for those insured through postal life insurance.

2. Medical Relief Establishments.

a. National leprosaria--There are four main national leprosaria for the treatment of and assisting leprosy patients. Besides these there are four prefectural leprosaria and seven privately owned leprosaria. The national leprosaria are located at:

- (i) Nagashima Aisei-en Leprosarium, Mokake Village, Oku District capacity of 1,200 beds.

This Leprosarium is administered by a medical superintendent and staffed by a secretary and 7 physicians, 7 clerks, 3 chemists, 2 head nurses, 8 Shokutaku experts and 8 employees in leprosy.

- (ii) Kuriu., Kokusen En Leprosarium, Kusatsu, Azuma District, Gumma Ken 300 beds.

This Leprosarium is administered by a Medical-Superintendent and staffed with 3 medical officers, 3 clerks, and 1 chemist, 1 head nurse, 13 Shokutaku Experts and 8 employees in that field.

- (iii) Hoshizuka, Keiai En Leprosarium at Uera Village, Kimotsuki District Kagoshima Ken 300 beds.

RESTRICTED

24-02021ABCD

RESTRICTED

- 22 -

This Leprosarium is administered by a medical officer with a staff of 2 physicians, 1 assistant medical officer, 1 chemist, 2 Shokutaku and 8 employees.

- (iv) Miyako Leprosarium---Bishara, Miyako Districts,
Okinawa Ken 100 beds.

It should be noted here that a "Shokutaku" is an expert in any given field according to government standards. He is employed by the government but is not a civil service employee.

b. Prefectural Leprosaria are:

(i)	First District Zensei	at Higashimurayama Kitatama District Tokyo Fu	1200 beds
(ii)	Second District	Sinjo Village Higashitsugaru District Aomori Ken	500 beds
(iii)	Fourth District	Aji Village, Kida District Kagawa Ken	510 beds
(iv)	Fifth District Kyushu	Aishi Village Kikuchi District Kumamota Ken	1000 beds

The seven private leprosaria have a total bed capacity of 777 beds

Total 5,887

c. National Tuberculosis Sanitarium. Prior to 1938, there was only one government national sanitarium. This was located at Muramatsu village, Naka District, Ibaraki Prefecture, and had a bed capacity of 500. This was officially known as Muramatsu Seiranso Sanitarium. This Sanitarium was organized in 1937 and takes charge of matters concerning the treatment of tuberculosis of non-

RESTRICTED

RESTRICTED

- 23 -

commissioned or warrant officers and men in the Army and Navy who have been exempted from service of more than one kind because of tuberculosis.

It is administered by a Superintendent,

5 Medical officers
1 Chemist
1 Secretary
2 Assistant Medical officers
2 Assistant Chemists
4 Clerks
1 Head nurse

In 1937 under article 6 of the Law for the Prevention of Tuberculosis fifteen prefectural Tuberculosis Sanitaria and four City Government Tuberculosis Sanitaria were ordered to be erected at:

Prefecture	Bed Capacity
Osaka	502
Hyogo	300
Gumma	100
Chiba	100
Tochigi	160
Mie	160
Aichi	500
Gifu	100
Yamagata	100
Fukui	100
Ishikawa	137
Okayama	235
Yamaguchi	300
Oita	70
Kumamoto	100

The City Government Sanitaria were erected at:

	Bed Capacity
Tokyo City	700
Osaka	1200
Yokohoma	100
Nogoya	750

These hospitals were all in operation March 31st, 1939.

RESTRICTED

RESTRICTED

- 24 -

V. Health Functions in the Other Departments.

a. Department of Home Affairs: Bureau for social work. Although labor sanitation comes under the control of the Minister of Public Health and Welfare, its business is not conducted by the Sanitary Bureau but by the Bureau of Social Work, where the Superintendence Section of the First Division is in direct charge of it, supervising Industrial Hygiene in general.

b. Department of Education: Section for School Hygiene. School Hygiene is under the control of the Minister of Education. The section for School Hygiene in the Ministers' Secretariat takes charge of its affairs.

c. Departments of War and Navy: Medical Bureau Military Sanitation is in charge of the Ministers of War and Navy respectively. The Medical Bureau of the Department concerned takes charge of its affairs.

d. Besides the above, railway and prison sanitation are in charge of the Departments of Railways and of Justice respectively.

RESTRICTED

RESTRICTED

- 25 -

VI. Public Health Institute

The Public Health Institute was organized March, 1938, as a result of a survey made by the Rockefeller Foundation Institute. A building erected in Tokyo, with a Rockefeller Foundation grant, was formally turned over to the Japanese government May 9th, 1938. The principal functions of the Institute are training and education, and its general purpose is the investigation of factors contributing to national health and the prevention of disease. In training and education there are three sections:

First Section --- Medicine
Second Section --- Drugs and pharmaceuticals
Third Section --- Veterinary and animal husbandry.

The period of instruction is one year each for medicine and drugs and pharmaceuticals—one month for veterinary training.

At the end of 1939 there were 50 students in the medical department, 20 Students in Pharmacy, 25 Students in veterinary medicine. Also, provisions are made for visiting students and helpers who receive instruction in the laboratories. Lectures are given to the public at frequent intervals on matters pertaining to public health. The Institute maintains a program of study and research for which they have established two laboratories: in Tokyo for studying the health problems of urban districts. in Saitama Prefecture at Tokurazawa for rural health problems.

The general purposes of the Institute are the following:

To investigate the effect on physique of the people of the phenomenon of movement of population toward the cities.

Investigation of health conditions on the Continent of Asia.

Statistical studies in regard to Eugenics and National Health.

RESTRICTED

24-02021 ABCD

RESTRICTED

- 26 -

Study of methods of national prevention of infectious diseases of the digestive tract.

Studies in the cause of death of infants.

Studies with regard to the fate of bacteria causing diseases of the digestive organs by various methods of sanitary disposal of excretion.

Study into the effects of excessively long labors of child birth.

Studies on the effect of occupational diseases.

VII. Physical Education

In 1932 a General Physical Advisory Council for Physical Culture was created. This council is not an initiative council. It merely studies and deliberates on matters and procedures submitted to it by the Minister of Health. It is composed of 40 members who serve upon it on invitation from the Minister of Health.

Personnel of the Bureau of Physical training:

- Chief of the Bureau
- 21 Members of the highest score service grade
- 12 Non-civil service experts
- 4 Civil service experts.
- 4 Physical instructors
- 45 Additional employees

For the past ten years Japan has strongly emphasized the importance of physical culture and mass cadence exercise. To this end there has been developed a very complete physical culture organization and program.

VIII. Provincial Organizations for Public Health Administration

Provincial bodies for sanitary administration consist of local governors, chiefs of police stations and chiefs of towns and villages. In addition, in small sea-port towns, custom houses and temporary port quarantine officers also help supervise sanitary administration.

RESTRICTED

RESTRICTED

- 27 -

a. Local Governors, Inspector General of the Metropolitan Police. Since local governors are the highest of the Provincial administration officials, sanitary administration comes naturally under their control. Under the governors, there are police departments at which are established sanitary sections which take charge of Health Affairs. To each sanitary section experts of various kinds and a laboratory are attached.

In the Tokyo prefecture the responsibility for sanitary administration is divided between the Prefectural Governor and the Inspector General of the Metropolitan Police Board, which deals with matters relating to public health.

b. Chief of the Police Station. Intermediate provincial administration bodies in Japan consist of heads of sub-prefectures and chiefs of police stations. As a rule, however, sanitary affairs are supervised by the chiefs of police stations who generally have jurisdiction over sub-prefectures and cities and look after the health conditions.

c. Cities, Towns, Villages, and their Heads. Cities, towns, villages and their heads also have public health responsibilities of their own. Most cities and towns have a sanitary department and a hygienic laboratory, but in villages certain officials represent the whole health organization.

IX. Quarantine Organizations:-

There are 11 ports in Japan with a permanent health quarantine organization at each port:

Yokohama
Osaka
Tsuruga

RESTRICTED



AREA 11. JAPAN - HONSHU - TOKYO. (App. Lat. $35^{\circ} 40' N.$ - Long. $139^{\circ} 45' E.$)
Air view of outer garden of Meiji Shrine with baseball stadium. ONI #98119.

RESTRICTED

- 29 -

Kobe
Moji
Wakamatsu
Nagasaki
Miike
Kuchinotsu
Matsushima
Sakito

In these ports the Customs authorities take charge of quarantine procedure. For that purpose a harbor-master's office is established in each of these Custom Houses, in which are stationed harbor officers and medical officers.

In case temporary quarantine is found necessary a provisional quarantine station may be established. Such stations come under the supervision of the chief of the police department of the prefecture concerned. The total number of vessels inspected in the year 1937 by harbor offices of the Custom Houses and by temporary port quarantine stations was 24,281 Japanese vessels, and 5,978 foreign vessels. The total number of crew and passengers inspected was 2,877,586. By these inspections 3 cholera, 9 small-pox and 81 other contagious disease patients were discovered.

RESTRICTED

RESTRICTED

- 30 -

X. Medical Personnel

a. Doctors. In order to become a practitioner of medicine, a physician must obtain a license from the Ministry of Public Health and Welfare after having qualified in one of three ways: studied medicine at a University established under the Universities Ordinance and have acquired the title of "Gakushi," or have completed a course in a higher medical school either governmental, public or private, recognized by the Minister of Education; passed the Medical Practitioner's examination; or obtained a diploma in a medical school in a foreign country and be deemed to have qualified for the profession by the Minister of Public Health and Welfare.

The Training Centers for Medical Practitioners are as follows:

- | | |
|--|----|
| 1. Universities under the Universities Ordinance | |
| Governmental | 13 |
| Prefectural | 3 |
| Private | 3 |
| 2. Medical Colleges | |
| Private | 9 |

The physicians associations require membership in the Medical Practitioner's Association of Japan for all licensed physicians. The Association meets in its general conference once each year to investigate and study for presentation to the Government advanced methods and knowledge of medical service and hygienic regulations. Physicians associations are public cooperations established under the laws for practitioners, and aim at the improvement and development of medicine and public health. They consist of three classes: the Nihon Ishikai (Association of Japanese Physicians), the Prefectural Association of Physicians, and the Country, City or Ward Association of Physicians. The

RESTRICTED

RESTRICTED

- 31 -

Nihon Ishikai has as members all the prefectural medical associations of the country. The Prefectural Association of Physicians is composed of country, city or ward associations of Physicians engaged in Medical practice at public or private institutions in the district concerned.

Number and Distribution of Medical Practitioners. 1937.

	Total Number of Physicians	No. of phys. engaged in medical practice	Pop. per medical practit.	No. of Med. pract. per 10,000 pop.	Aver. No. of Medical pract. per Municip.
City districts	34,234	30,878	734	13.62	239.00
Rural Districts					
Towns	11,783	10,748	1295	7.72	6.29
Villages	<u>12,494</u>	<u>11,750</u>	<u>2780</u>	<u>3.59</u>	<u>1.21</u>
	24,279	22,498	2037	5.66	3.75
Grand Total	58,511	53,376	1385	8.64	

Distribution of Practitioners in Remote Districts.

In those localities where there is a dearth of medical practitioners the government has organized a service whereby doctors may be sent to such districts both in times of emergency and on regular visits. The government has also adopted a policy of subsidizing practitioners in towns and villages and of encouraging independent medical institutions in towns and villages as well as medical dispensaries attached to cooperative societies.

Physicians at the end of 1938:-

Graduates of Imperial Universities	22,952
Graduates of Recognized Schools	26,602
Women Graduates	3,951

RESTRICTED

24-62621ABCD

RESTRICTED

- 32 -

Graduates of Foreign Universities	74
Women graduates of Foreign Universities	7
Doctors passing examinations but not graduates of recognized medical colleges	<u>8554</u>
Total	62,250

b. Dentists. In the dental profession the system is to license dental surgeons for the treatment of dental diseases and mouth diseases arising therefrom, and for the practice of dental surgery. Their system on the whole is similar to that for medical practitioners. The Dental Associations of Japan are on a very similar basis as the Medical Societies. In the prefectures are Prefectural Dental Societies in which membership is compulsory and members are not permitted to withdraw from the Societies. These prefectural Societies are combined to form the Japanese Dental Association.

The number of Dental Schools is as follows:

Governmental dental colleges	1
Private dental colleges	7

Dentists at the end of 1938

Graduates of Imperial University and Dental Colleges	12,592
Women graduates	1,319
Graduates of foreign dental colleges	79
Passed examinations without having graduated from colleges.	<u>8,323</u>
	22,313

Number and Distribution of Dental Surgeons at the end of 1937

	TOTAL	No. of Dental surgeons engaged in private practice	No. of Dental surgeons per 10,000 pop.
Cities	***	10,982	4.85
Rural Dist.			1.60
Towns	***	5,052	
Villages	***	<u>2,394</u>	
Total	20,010	18,428	3.22

RESTRICTED

24-62621ABCD

RESTRICTED

- 33 -

Medical and Dental Schools

The Medical Universities and Colleges of Japan

<u>Imperial University Medical Schools:</u>	<u>Number of Students</u>
Tokyo	662
Kyoto	512
Kyushu	540
Tohoku	425
Hokkaido	280
Osaka	412
Keiogijuku	328
<u>Medical Colleges</u>	
Chiba	329
Okayama	328
Kanagawa	509
Nagasaki	313
Niigata	208
Nagoya	320
Kyoto	320
Kumamoto	455
Keio	1120
Japan	1120
Tokyo Charity	680
<u>Medical Schools</u>	
Tokyo	740
Showa	672
Tokyo womens	835
Osaka	816
Osaka womens	1230
Teikoku womens medical	535
and Pharmaceutical School	623
Kyushu	559
Iwate	615
<u>Dental Colleges</u>	
Tokyo	800
Japan	800
Osaka	665
Tokyo womens	511
Kyushu	616
Total	10,478

RESTRICTED

24-62621ABCD

RESTRICTED

- 34 -

c. Pharmacists. The total number of licensed pharmacists in Japan Proper in 1939 was 28,766, classified as follows:

Graduates of Imperial University	363	1.29%
Completed course in government, private or public colleges	17,212	61.13%
Completed course in foreign schools	33	0.12%
Passed examinations	11,158	37.46%

Of these 18,214 dispensed medicines in pharmacies, 5,152 worked in hospitals and 1,712 devoted full time to the sale of patent medicines.

The proportion of pharmacists was 3.24 per 10,000 inhabitants. The number of pharmacies in 1938 was 15,066 of which 12,759 were run by pharmacists and 307 by non-pharmacists. In 1937 sixteen pharmacists were suspended from business as a result of penalties inflicted for unprofessional conduct. Medicine manufacturers totalled 4,074. The largest number of these were in Osaka, 905; followed by Tokyo with 884.

The examinations for medical practitioners, dental surgeons and pharmacists are divided into two sections: theory and practice. The medical examinations take place once yearly, and are held in Tokyo, where both theory and practice are given, and in Hiroshima where only theory is given. The Dental Surgeons examinations take place twice yearly.

The examinations of pharmacists take place twice yearly; theory at Tokyo, Shizuoka and Aichi, and practice at Tokyo. The results of these examinations indicated that the percentage of those passing the medical examinations is as high as 95%. Those taking the Dental examinations do not fare so well--averaging 30% successful. Pharmacists average 30% successful in the theory examination and 80% successful in the practice examination.

RESTRICTED

RESTRICTED

- 35 -

d. Auxiliary Staff:

1. Midwives. A midwife in Japan must be over 20 years of age and must have passed the usual examinations for midwives or completed a course at a school or training institute recognized by the Ministry of Health.

Number and distribution of Midwives

	Total No. of midwives	No. of midwives per 10,000 pop.
Cities	25,981	11.46
Rural districts		7.21
Towns	12,833	
Villages	<u>20,746</u>	
Total	59,560	<u>9.33</u>

2. Nurses. A nurse must be a woman over 18 years of age and must have passed the usual examination for nurses or completed a course in a school or training institute recognized by the local Governor. The total number of nurses in whole of the country in 1937 was 124,402 or a ratio of 17.46 per 10,000 population. The male nurses totalled 295.

3. Public Health Nurses. Public Health nurses require a special course of training. About 5,000 are engaged in schools, factories and child welfare centers.

4. Persons engaged in massage, acupuncture and moxacauterization. A special license is required for the practice of massage, acupuncture and moxa-cauterization.

RESTRICTED

RESTRICTED

- 36 -

Number and distribution of each of the foregoing Divisions:

		Practitioners engaged in			
		Acu- puncture & moxacau- terization	Acupuncture and Massage	Moxa- cauteriza- tion and Massage	acupuncture moxacauteri- zation and Massage
Persons engaged in acupuncture	5,005	10,542	4,418		11,395
Persons engaged in moxa- cauterization	4,930	10,542	-----	1,190	11,393
Persons engaged in Massage	36,210	-----	4,418	1,190	11,393
		Total			
Persons engaged in acupuncture			31,358		
Persons engaged in moxacauterization			28,055		
Persons engaged in Massage			52,211		

e. Veterinarians. Prior to 1909 the veterinary service and veterinary surgeons were under the control of the Department of Agriculture and Forestry. In 1909 the affairs of this department were transferred to the Sanitary Bureau of the Ministry of Home Affairs.

The licensing of Veterinarians is under the control of the Commission for the examination of Veterinary Surgeons. There were in Japan at the end of 1938 the following number of Licensed Veterinarians:

Graduates of national and prefectural veterinary schools	7,513
Graduates of recognized veterinary schools	6,514
Veterinarians qualified by examinations	<u>1,741</u>
Total Veterinarians licensed	15,768

RESTRICTED

24-62621ABCD

RESTRICTED

- 37 -

XI. Hospitals

In 751 A. D. a dispensary called a "Seyakuin" was established and this became the first hospital built in Japan. This was followed by dispensaries in Nara, Kamakura, Kyoto. In 1860 the first hospital, as we know hospitals, was built in Nagasaki. In 1869 the Shitaya of Tokyo was built. This was a larger hospital, with medical school attached to it. Since then, with the development of medical schools, many hospitals have been built.

Each local prefecture determines whether a hospital is to be built in its confines. The site must be a reasonable distance from temple, school, park, and public garden; it must not be close to a factory or a restaurant. A hospital for respiratory diseases must be provided with recreation grounds. The distance between each ward building and between ward buildings and other buildings is required to be one-third or more of the height of the highest building. The dimensions of the sickroom are required to be 9 feet by 9 feet or more. The height of the first floor must be at least 9 feet from the ground; the height of the ceiling must be from 8 to 9 feet; when a sickroom is to be built above the first storey, 2 or more stair cases must be provided in each ward building and the width of such must be from $4\frac{1}{2}$ to 6 feet wide and its slope 35 to 45 degrees or less. All of the stair cases must have hand rails.

A certain minimum number of fire extinguishers, stretchers and emergency alarms are required, and in some prefectures the number of physicians and other personnel is fixed.

Special regulations exist for asylums for the insane.

RESTRICTED

24-62631ABCD

RESTRICTED

- 58 -

It should be noted that in stating the bed capacity of a western world hospital the definition of "bed" is used to designate what is familiarly known as a "hospital bed or cot". In Japan, however, where sleeping on the floor is still the prevalent mode of sleeping, the term "bed capacity" is actually a misnomer, for in many instances floor space for spreading their comforters is counted as "bed capacity." It is, therefore, impossible to determine an accurate figure on the "bed capacity" of the hospitals of Japan, as we understand the term "bed".

In 1938 there were 125 public hospitals distributed as follows:

Hokkaido	19
Hyogo	8
Tokyo	7
Fukuoka	7
Aomori, Okayama, Kogoshima	15 - 5 each
Osake, Miyagi, Akita, Aichi, and Ehime	20 - 4 each
Iwate, Yamagata, Fukushima, Kanagawa	
Fukui, Nagato, Gifu, Hiroshima, Nagasaki	27 - 3 each
Kyoto, Tochigi, Yamanashi, Mie, Shiga	
Kumamoto	12 - 2 each
Skizuoka, Wakayama, Tottori	
Shimane, Saga, Tokushima, Kagawa	
Saga, Oita, Miyazaki, Okinawa	10 - 1 each
Patients admitting capacity	11,548
Aggregate number of patients treated each day	2,832,178
Admitted through year	119,512
Average capacity per hospital	92.38
Average number of in-patients per hospital (total)	995.59
Average number of days patient stays in hospital	22.76

Private hospitals (Charity hospitals, Insane Asylums, Tuberculosis Hospitals and Leprosaria excluded)

Total	2,907	Average Bed Capacity	29.41
Bed Capacity	85,501		
Admitted 1937	672,742	Average No. of Days in Hospital	17.17
Aggregate number of in-patients	12,532,114		

RESTRICTED

- 39 -

Charity Hospitals (Tuberculosis Hospitals, Insane Asylums and Leprosaria excluded).

Total	46
Bed capacity	7,314
Admitted in 1937	29,604
Aggregate days	1,124,787
Average bed capacity	80.74
Average number days in hospital	31.74

In 1937 in Japan there were the following number of Clinics:

In cities with accommodation for admitting patients	4,973
without accommodations for admitting patients	11,531
In towns for admitting patients	3,264
without accommodations for admitting patients	5,118
In villages for admitting patients	2,301
without accommodations for admitting patients	<u>10,558</u>
	37,725

Insane Asylums

Total number	151
(a) Public	12
(b) Private	139
Admitting capacity	21,325
Admitted in 1937	15,960
Agg. no. of patients	
Districts	3,237,544
Average capacity of Asylum	141.23
Average number of days in asylum	172.71 days

Tuberculosis Hospitals

Government	30
Private	<u>85</u>
	115

Admitting capacity	10,607
Admitted 1937	11,974

RESTRICTED

24-62621ABCD

RESTRICTED

- 40 -

Average number of patients treated	1,641,124
Average capacity per hospital	91.44
Average number of days in hospital	113.37

Leprosaria:

Three are in Kumamoto, two in Gumma, two in Tokyo, one in Aomori, Yamanashi, Shizuoka, Okayama, Kogawa, Fukuoka, Kagoshima and Okinawa.

Total number	15
Government	4
Public	4
Private	7
Average capacity per leprosaria	392
Average number of days in	306.92
Admitting capacity	5,887
Admitted in 1937	1,536
Aggregate number of in-patients	2,345,683

Infectious Diseases Hospitals, Isolation Wards and Isolation Houses:

the total number of Infectious Diseases Hospitals in 1938 was 1,010.

Towns	726
Cities	119
Villages and various associations	165
Bed capacity	23,255
Isolation wards	7,044
Bed capacity of isolation wards	69,246
Isolation houses	66
Bed capacity	1,699
Average bed capacity of each isolation house	25.7
Disinfecting Stations	47.

24-62621ABCD

RESTRICTED

RESTRICTED

- 41 -

Total Numbers of Practitioners and Institutes

Medical practitioners	62,250	
Dental surgeons	22,313	
Midwives	59,746	
Pharmacists	28,766	
Public Health nurses	5,000	
Masseurs, acupuncturists		
Moxacauterists	36,210	
Clinics for treating out patients	36,838	
Dental clinics for treating out patients	19,586	<u>Beds</u>
Public Hospitals	125	11,548
Private Hospitals	2,907	85,501
Charity Hospitals	46	7,314
Insane Asylums	151	21,325
Tuberculosis Hospitals	116	10,607
Leprosaria	15	5,887
Hospitals for prostitutes	117	4,933
Infectious Disease Hospital	1,616	23,255
Isolation wards and houses	7,100	94,200

XII. X-Ray Apparatus

Regulations for the control of X-ray apparatus intended for diagnosis and treatment of disease:

The X-ray ordinance applies to X-ray apparatus up to 20,000 volts in the circuit of its x-ray tube.

Any medical or dental surgeon shall within ten days after installing an X-ray apparatus, report it to the local governor giving make and capacity of machine and detail precautions taken to prevent injury to patients.

Standards required to be observed for the prevention of danger from X-ray.

Standards to be followed in rendering the X-ray room free from danger.

Frequent checks, at least every six months with the skiameter to see that the maximal volts specified for that particular machine are within these limits.

Penalties for violations of the above ordinances.

RESTRICTED

RESTRICTED

- 42 -

XIII. Drugs

a. Control. The control of drugs comes under the medical section of the Bureau of Health. The basis of the drug industry of Japan is the Japanese Pharmacopoeia which is under continual revision by the Board for the Investigation of the Japanese Pharmacopoeia. This board consists of a chairman, 12 secretaries, 16 members, 4 temporary members, 4 clerks and 1 "shokutaku". The government issued the first Japanese Pharmacopoeia in 1886 in order to verify the character and quality of drugs and to test the genuineness of the chemicals. It has been revised a number of times since and is now in its seventh revised edition. The actual control of drugs is by means of the "Regulation for the Trading and Handling thereof of Drugs."

Those dealing in drugs are classified as follows:

1. Pharmacists--"A pharmacist is a person who compounds the prescriptions of medical practitioner and who sells and manufactures drugs". He must be either a graduate of the Department of Pharmacy of the Imperial College of medicine or of a recognized college of pharmacy or have passed the examination for pharmacists and obtained a pharmacists license from the Minister of Health.
2. Druggists--A druggist is allowed only to sell drugs. He must obtain a license from the local governor.
3. Drug Manufacturers--A drug manufacturer is permitted to sell drugs of his own manufacture only, and must procure a license from the local governor.

RESTRICTED

RESTRICTED

- 45 -

b. Handling of drugs:

1. No person other than a licensed pharmacist who has opened a pharmacy is allowed to compound drugs at the request of people in general except physicians and dentists who may prepare drugs to be sold to their patients. In Japan most patients secure their drugs from the physicians who treat them.

2. Sale of Drugs: The regulations for the handling of drugs divide them into three classes:

Poisonous drugs---they must be stored and locked in separate places.

Powerful drugs---treated as poisonous drugs.

"Common drugs".

The principal markets of the drug trade are in Osaka and Tokyo. Almost all of the drugs imported into Japan are collected at these markets and distributed to the different districts throughout the country. The main countries exporting medicines to Japan were the United States, Switzerland, Great Britain, and Germany.

Drugs that are generally used for the treatment of disease are described in the Japanese Pharmacopoeia, with specifications as to character, quality, and method of testing. Their names are published by the Department of Health. The sale of drugs is prohibited unless they possess the character and quality specified in the Japanese Pharmacopoeia. Drugs which are not included in the Japanese Pharmacopoeia are not permitted to be sold unless the names of the foreign pharmacopoeia in which they appear are given.

RESTRICTED

24-38813CB

RESTRICTED

- 44 -

A drug which does not appear in any pharmacopoea can only be sold with the permission of the local governor. In each prefectural office there is a drug inspector. His duty is to visit dealers in drugs. He is authorized to prosecute any offenders and to carry away any drugs to be examined at the inspection room of the prefectural office and to forward them to the National Governmental Hygienic Laboratories.

In addition to generalized control of drugs special regulations control the sale of opium and its alkaloids, cocaine and its alkaloids, the manufacture of vaccines, sera, and other biologicals.

RESTRICTED

RESTRICTED

- 45 -

XIV. Medicines

a. Medicines and preparations not mentioned in any pharmacopoeia. The total number of persons who reported in 1937, the manufacture and sale of medicines not to be found in the pharmacopoeia was 687 and the number of medicines was 2,630.

b. Inspection of Medicines: In the tours of inspection made in 1937, 19,954 pharmacies and other places were visited as follows:

Pharmacists	3,893
Non Pharmacists	47
Drugstores	4,847
Medicine Manufactures	505
Hospitals	704
Medical practitioners	6,954
Dental Surgeons	2,008
Veterinary Surgeons	362

c. Patent medicines. The total number of traders in patent medicines at the end of 1937 was 43,427. Of this number 12,617 were pharmacists, 3,370 medical practitioners, and 3,010 veterinary surgeons who employ pharmacists.

Number of permits for the manufacture and importation of patent medicines: At the end of 1938 the total number of patent medicines for which permission of manufacture and importation was given was 387,510 of which 171 were imported. The patent medicine manufacturing business totaled 108,150,609 yen or 1.52 yen per person per annum. The total number of retailers of patent medicines was 217,490 and the number of pedlers of patent medicines was 157,260.

RESTRICTED

RESTRICTED

- 46 -

XV., Budgets

Summary of expenditure for health services incurred by the Central prefectural, city, town and village authorities. In the case of the Central health organizations acting as a principal organ of public health, the figures represent the expenditure of the Central Sanitary Bureau of the Health Ministry only.

Central-(1934)

Budget for health services	29,660,850 yen
Percentage of the health budget of the Central Sanitary Bureau against the budget of the entire Ministry	15.64%
Budget for health services per capita	0.434 yen

1 Yen quoted as \$0.287.

In the fiscal year of 1938 the amount of money defrayed for expenses relating to infectious disease prevention was 1,594,184 yen.

In addition the prefectural governments spent in this work:

For notifiable diseases	556,059 yen
-------------------------	-------------

For other infectious diseases	1,490,000 yen
-------------------------------	---------------

The last available figure for the appropriation for the prevention of leprosy for the year 1930 were:

running expenses	675,000 yen
extra expenses	5,000

to prefectures for enlarging leprosaria	310,000 yen
---	-------------

reserved in the National Treasury for special grants	150,000 yen
--	-------------

RESTRICTED

RESTRICTED

- 47 -

XVI. Rural Sanitation and Collaboration of the Population

The rural population of Japan concerned with agriculture is 48% of the total population. In addition there are many persons not engaged in farming who are living in rural districts. Including these the total reaches 63% of the total population for the country. In 1916 the Board for the Investigation of National Hygiene was inaugurated at the Department of Home Affairs and a section was formed to deal with rural sanitation. On the basis of investigations made by this section the Department of Home Affairs devised and enforced a plan to correct unsanitary conditions in rural districts.

In cities, towns and villages there are health unions which work in cooperation with the authorities, but on their own initiative in health matters, in addition to their usual work of medical relief and prevention of infectious disease. At present these unions number 64,960. These cooperative societies are economic bodies established in a spirit of mutual aid. The town and village authorities collaborate with agricultural associations and industrial bodies, schools, shrines, temples, youths associations, women's clubs and other educational bodies as well as health groups such as physicians associations. These cooperative bodies exert considerable influence on rural rehabilitation.

RESTRICTED

24-63621ABCD

RESTRICTED

- 48 -

XVII. Housing

The extreme variations of temperature and climate in Japan require local adaptable methods of housing. In the northern districts rural housing requires measures of protection from cold, while in the south protection from heat is needed. Rural housing in Japan has followed the customs and living conditions of ancient times and there have been no radical changes.

This fact has been the most difficult obstacle to improvement work from the hygienic and practical points of view. At present, the Tohoku Koshinkai (Society for the rehabilitation of North Eastern Territories) representing the government supervises the improvement in rural housing in these territories with the help of an annual subsidy of 30,000 yen from the Central Government. In addition the Nihon Sakujitsu Shinkokai (The Japanese Society for the encouragement of acts and licenses) founded with imperial donations has been endeavoring in cooperation with the Dojunkai (an agency for housing points) to study rural housing conditions in those districts where winter is severe. The prefectural authorities are taking similar steps with the cooperation of the health and social sections of the prefectural governments. In order to educate the inhabitants in housing matters model houses have been set up in the rural high schools as well as agricultural schools.

Prize competitions for the construction of model houses are held under the auspices of the health and social section of the prefecture and the plans selected are submitted to the authorities of towns and villages, contractors for their use. Low interest loans by prefectural authorities for building funds are granted inhabitants. Great stress has been placed on the improvement in kitchens. As in the past, the kitchens have been inadequate in light and ventilation.

RESTRICTED

RESTRICTED

- 49 -

Although sanitation in Japan proper is much better than in most other parts of the Japanese Empire, it in no way compares with that of the United States. The Japanese are a clean people but modern facilities, for the treatment of water and disposal of sewage, are found only in metropolitan areas. Even the newer parts of Japanese cities, which are well planned, are all surrounded by large slum areas, crowded, filthy and vermin infested.

In rural districts, the results of the investigation of 3,310 houses were as follows:

Directions: Houses facing south 85.5%, north 9.7%, northeast 3.1%, west 1.8%.

Construction: Bungalow types 78.3%, two stories 21.5%.

Roofs thatched with straw and tiles 11.5%; tiled roofs 26.2%.

Ventilation and lighting in houses: good 31.5%, moderate 46.3%, imperfect 22.1%.

Average area of the lots in which the houses were erected was 792 square feet; the average floor space was 180 square feet.

Drainage in rural districts is most imperfect, only 30% of the farm houses being provided with any arrangements.

Of principal foods, the results of investigations conducted in 2195 households in rural districts show:

Those eating rice	23.6%
Those eating barley	.7%
Those eating rice and barley mixed	75.7%

Supplementary foods are mostly vegetables. Meats are rarely consumed.

The drinking water in rural districts is generally obtained from wells. Investigations made by the Home Office showed that 45.5% of the drinking water is chemically wholesome.

RESTRICTED

RESTRICTED

- 50 -

XVIII. Water Works and Drinking Water

a. Water Supply. Although water is found in ample quantities in most parts of Japan, there are likely to be shortages in certain areas during the latter part of the summer months. The majority of the existing waterworks obtain their supply of water from rivers, but some also obtain water from springs, wells, lakes, and reservoirs containing collections of ground water.

The Tokyo Waterworks date back to the 18th year of Teusho Era (AD 1590) when Tokugawa Iyeyasu--the founder of the Tokugawa Shogunate--gave an order to construct the Kanda waterworks. In 1652, the Shogunate government seeing the necessity of building waterworks on a larger scale, succeeded in diverting the water of the Tamagawa to the Yedogawa, cutting the waterway from that river at a point about 27 miles from the capitol. This is what is known as the Tamagawa Waterworks and was used by the residents of Tokyo until 1900.

In the larger cities adequate facilities for filtering (usually slow sand filter) and chlorination are found. Bacteriological examinations are made at regular intervals, as evidenced by the report of the central bureau laboratories, but the high rate of intestinal diseases indicates that in many instances the water supplies are not as efficient as government reports would seem to indicate.

The present laws concerning waterworks are the "Waterworks Law" and its regulations, 1890. According to this law, waterworks are constructed and

RESTRICTED

RESTRICTED

- 51 -

maintained at the public expense of the cities, towns or villages concerned. In the event the cities, towns or villages are unable to bear the expense, permission to construct the works is given to others than such cities, towns or villages on the condition that when the term of permission or lease expires, if the cities, towns or villages concerned deem it necessary they may purchase the said works and the land required for the proper operation. Further, the Ministry of Health has the power to order the cities, towns or villages to construct such works when he deems it necessary. The plans for new waterworks must be submitted to the Minister of Health for approval or to the local governor in case the works to be constructed are for use of a population under 10,000. As waterworks are closely affiliated with general sanitation the state makes grants from the National Treasury with a view to encourage their construction. The amount of such grants has been averaging about 2,500,000 yen per year.

In rural districts the quality of drinking water is generally good and the supply abundant. In the mountainous districts good drinking water may be obtained from the mountain streams by a simple filter equipment so that reform of the "sanitary well" has been encouraged in those rural districts where no waterworks are available. The adoption of the filter equipment in the home is also encouraged.

b. Existing waterworks. The first waterworks built in Japan, after the pattern of modern systems, was in 1885 at Yokohama.

	1937	1938
Cities	117	119
Towns and villages	368	387
Town or village association	7	7
Prefecture	4	3

RESTRICTED

24-03621AECB

RESTRICTED

- 52 -

Private enterprise	<u>108</u>	<u>117</u>
Total	603	633

The sources of the water for these waterworks were:

Rivers	457
Springs	82
Reservoirs	36
Wells	16
Lakes	<u>12</u>
Total	603

c. Methods of Purification. Except for a few waterworks which need no filtering because the water is in no danger of contamination and some others which are equipped with rapid sand filters most of the waterworks have filteringbeds and carry on "slow filtration." The cities, towns and villages have the equipment needed for the examination of the quality and purity of the water. As a result of examinations made in cities and towns the highest hardness was found to be 4.978 (German hardness) and the lowest 0.5. Quantities of chlorine contained in one litre of unfiltered water was: largest 18 milligrammes, smallest 0.668. Consumption of potassium permanganate, largest 14.164 milligrammes, smallest 0.601 milligrammes. Number of bacteria, largest 5,374 per 1 cc, smallest 2 per 1 cc. Further examination of these waterworks after filtration showed that only one contained more than 50 bacteria per 1 cc.

d. Water Supply Fees. Two methods for supplying water have been adopted. One is to collect a fixed amount from the customers and let them use the water freely; the other to install water meters and charge for the actual amount used.

RESTRICTED

RESTRICTED

- 53 -

The latter method is on the increase. According to statistics the largest quantity supplied per capita per diem was 6.10 cubic feet and the smallest 0.18 cubic feet. Generally in cities and towns 2.584 cubic feet is the common figure.

e. Waterworks Consultation Society. A society called "Waterworks Consultation Society" founded in 1904 has contributed much toward improvement of the public utility. The Society's membership consists of those who are operating waterworks. The society holds an annual meeting for the study and discussion of waterworks and frequently publishes the results of its study to its members.

Among the methods for testing water adopted by the society the standards for drinking water are as follows:

Waters enumerated below are not fit for drinking. Immediate improvement shall be carried out. In the meantime the water must be boiled before drinking:

- Water that has a strange appearance.
- Water that has a strange smell.
- Water that reacts for nitrite ammonia.
- Water of which the quantity of potassium permanganate consumed is over 10 milligrammes.
- Water that reacts for chlorine, sulphuric acid or nitrate or water the quantity of solid articles contained therein or its hardness is abnormal or water in which lead is contained will be carefully examined and special examinations shall be made.
- Water the bacteria content of which is more than 101. This figure may be raised to 151 or 201 according to the condition of the location.

Most of the prefectures have their own regulations concerning grants in and for the purpose of the improvement of drinking water and encourage boring of new wells giving monetary aid for that purpose.

RESTRICTED

RESTRICTED

- 54 -

XIX. Sewage Waste and Garbage Disposal

The present system for the disposal of waste garbage and sewage is enforced according to the "Law for the Removal of Waste Garbage and Sewage" of 1900. The law requires cities, as well as towns and villages, designated by local governors, to remove and dispose of such waste in order to maintain cleanliness of the land and of the dwellings. Most of the refuse in rural districts is used as fertilizer or fuel by the farmers. Human night soil is also used for fertilization, and this practice has made the consumption of raw fruits and vegetables a dangerous procedure in Japan. To eliminate this danger, the "Sanitary Privy" has been adopted to destroy the eggs of intestinal parasites--such as hookworms, amoeba and the bacteria of enteric fever--so that the effluent is practically free from danger of both parasites and infectious diseases. As the efficiency of their "sanitary privy" has undoubtedly been demonstrated, it has been urged upon the farmers. The Bureau has definitely proved that decomposition of human excreta after 3 months destroys practically all pathogenic bacteria and parasites.

Water-borne sewage systems are found only in the large cities. The collection of night soil, for sale to farmers, is the usual method of sewage disposal. At the end of 1938 there were 49 cities, towns and villages equipped with sewage disposal systems, but no information is given on the methods employed to dispose of the sewage. This low figure is attributed to the fact that most of the cities or towns in Japan formerly had gutters which, though not entirely satisfactory, served fairly well for the drawing off of liquid wastes; also the farmer could not give up the use of human night soil for fertilization. Moreover, whereas the operation of water works is a source

RESTRICTED

RESTRICTED

- 55 -

of income, sewage lacks such remunerations. Of late with the rapid rise in farmers incomes, farmers near cities have refused to remove the night soil and city residents are now compelled to pay for its removal.

Sewage systems are operated in the following centers:

<u>City</u>	<u>City</u>
Hakodate	Kobe
Sapporo	Akashi
Sendai	Nishinomiya
Akita	Tottori
Sakata	Okayama
Fukushima	Hiroshima
Takasaki	Yamaguchi
Kawagae	Shimonoseki
Chiba	Takamatsu
Tokyo	Osu
Yokohama	Wakamatsu
Kawasaki	Toyohashi
Nagaoka	Ichinomiya
Gifu	Isu
Shizuoka	Kyoto
Okazaki	Seto
Nagoya	Kokura
Osaka	Yawata

RESTRICTED

RESTRICTED

- 56 -

<u>City</u>	<u>Towns</u>
Oita	Fusuhara
Miyazaki	Meno
Nara	<u>Villages</u>
<u>Towns</u>	Seido
Miyazu	Sumiyoshi
Koya	<u>Prefecture</u>
Iwakuni	Aichi
Fukuoka	

For the disposal of rubbish and garbage in localities where the law applies, tenants are required to place collected rubbish into a receptacle prepared for this purpose. In turn, the city, town or village must transport it to a fixed place and dispose of it by burning, burial, or by other methods deemed not injurious to health.

Among the cities, towns, or villages to which the law applies 8 cities and 3 towns have facilities for burning rubbish and 5 cities and 12 towns and villages burn it in the open. The remainder resort to various methods of disposal such as using the garbage for fertilizer, employing it for reclaiming foreshore, river and swamp lands throwing it in the fields by using it as food for fowls and pigs.

In the 146 cities of Japan in 1937 under the provision of the Law for Removal of Foul Matter:

RESTRICTED

24-02621AECB

RESTRICTED

- 57 -

Number of houses within the districts		4,795,227
Removal from above houses:	(refuse	3,390,450,442 kilogrames
	(Dirt	645,449,155 "
	(Nightsoil	14,027,551 "
Number of houses from which owner was required to remove foul matter		2,735,838
Number of incinerator plants		152
Running water flushing toilets		68,877
Toilets with purifying equipment		17,817

In 1938 432,320 yen granted by National government for subsidizing erection of new sewage systems.

Needing no comment is the statement of the number of toilets connected with sewers. At the end of the year 1938 there were 68,817 toilets in Japan Proper connected with sewer systems; further, there were only 17,877 toilets not connected with a sewage plant, which had their own purification system.

XX. Foods, Beverages and other Articles

a. Early Laws. The "Nihon Shokai," a history of Japan written in 726 A. D., stated that in the mythical ages there existed in Japan such cereals as millet, wheat, rice and peas and that in the month of April of 675 A. D. by Imperial decree it was prohibited to eat meat of cow, horse, dog, monkey or chicken. In 926 A. D. reference is made to radish, melon, boar meat, fish and milk. Thus it appears that the food in those ancient days differed but little from those in use today. With the growth of Buddhism in Japan, proclamations were issued prohibiting the eating of meat and the custom of abstinence from eating meat continued until 1868. Restrictions for the use of alcoholic drinks were often published by the government from the year 1595. In 1853 an order prohibiting the use of chemicals in refining rice was enacted on the ground that the use of such chemicals was

RESTRICTED

34-62631ABCD

RESTRICTED

- 58 -

injurious to health - the loss of vitamins was recognized. In 1900 the present laws and regulations for the control of foods and beverages was enacted.

b. Principal laws and regulations. Law for the control of Foods, Beverages and other articles.

Regulations for the control of trade in:

- cow's and goat's milk
- refreshing drinks
- snow and ice
- saccharine
- use of pigments in foods
- preservatives for foods
- utensils for foods and beverages
- trade in tea
- alcohol

Regulations for the control of trade in artificial butter.

Regulations for the control of use of salicylic acid in the manufacture of sake (Japan's National drink).

c. The Control of General Foods and Drinks. Restriction relating to general foods and beverages, have undergone frequent revisions. By these laws it is unlawful to mix certain specified foods, to sell unripe fruit, tainted meat or any food or beverage which may be injurious to health or to display without covers such foods as are edible without cooking or peeling.

Prohibition of sale, or the addition of certain articles to food stuffs. The use of benzoic and other food preservatives (14 in number) is prohibited. The use of arsenic and 14 other substances prescribed in the regulations for coloring food and beverages is prohibited. The addition of saccharine in foods and beverages is prohibited. The sale of food containing wood alcohol is prohibited.

RESTRICTED

24-63831ABCD

RESTRICTED

- 59 -

d. Control of Special foods and beverages. A person who proposes to manufacture or sell refreshing drinks is required to obtain the permission of the local governor. Traders in drinks and food must not be suffering from tuberculosis, leprosy, syphilis or any other infectious or contagious diseases.

Ice and snow. A person who collects snow and manufactures ice must obtain the permission of the local governor. The melted snow and ice must be colorless and odorless, without foreign matter and must conform to the standards of water for drinking purposes.

All vessels containing artificial butter must be inscribed. Tea must not be colored or mixed with impure matter. There are no special regulations for the control of alcoholic drinks except with regard to taxations. Very rigid laws exist preventing sale of alcoholic beverages to minors. Tobacco--a similar restriction regarding the use of tobacco by minors is enforced.

Control of Articles. In the interest of public health, utensils for foods and beverages, vessels, containers and wrappers for food are rigidly controlled.

The provincial governors are directly responsible for enforcing all laws relating to food and beverages. The governors, therefore, issue their own regulations using sanitary experts and police officers as their supervising agencies.

RESTRICTED

24-62,31ABCD

RESTRICTED

- 60 -

XXI. Composition of Food and Method of Preparation.

a. Diet. In the Japanese diet, rice is the most important item, and of this Japan produces 90% and the remaining 10% is imported from Korea, no more than fifty miles across the Straits. Other items in the diet include wheat, barley, corn, sweet potato, and Irish potato. In wheat and barley, in certain vegetables and fruit, Japan produces a self-sufficiency. At one time Japan was a heavy importer of dairy products, but, though still requiring imports, in recent years there has been a great development of dairy products in the prefecture of Hokkaido. Even today Japan imports from Manchuria all of its soy beans, the bulk of protein in their diet.

With vegetables and fruits, all must be thoroughly washed and cooked before eating, because the common practice of fertilizing farms and gardens with night soil offers a great danger of contracting the enteric diseases (typhoid, paratyphoid, dysentery, amoebic dysentery and cholera) or one of the many intestinal parasites that exist in Japan. Excess supplies of fish are frequently infected with flukes and other parasites and worms. The custom of eating raw fish is responsible for the spread of the fish tapeworm *diphyllobothrium latum*.

With the basic item of rice, the Japanese serve vegetables and fruits, meat and fish, and various sea foods. Sea products are relatively more plentiful in Japan than in other countries. Formerly the hulling and polishing of rice reduced the food and vitamin value, and the heavy dependence on rice in the Japanese diet caused the prevalence of beri-beri, always a terrific problem for the Japanese. However, the present tendency is to hull and wash rice only to the extent of seven-tenths. Since the "seven-tenths pounded and

RESTRICTED

- 61 -

without the use of sand" method of polishing rice has been adopted, beri-beri has greatly decreased in the past four years.

Rickets, scurvy, eye diseases, underweight, as well as beri-beri, are due to malnutrition in the Japanese diet. But statistics show a general increase in the well-being of the population since the Institute of Nutrition (page 18) was established in 1902.

The average Japanese family of the agricultural population allots 48% of its budget to food.

b. Milk. Regulations governing the milk supply include the following: whole milk, skim milk, milk products and condensed milk, condensed skim milk, powdered milk. Whole milk must contain at least 3 percent fat and condensed milk must contain not less than 8 percent, while specific gravity of whole milk must be from 10.28 to 10.34, and that of skim milk from 10.32 to 10.38. Spoiled milk, milk containing foreign matter or showing deficiencies, and milk from cows suffering from certain chronic and acute infectious diseases are not allowed to be sold. Milk containers must state whether they contain whole, skim milk or milk products. Handlers of milk must obtain permission and permits from the local governor, first satisfying the governor they are not suffering from tuberculosis, leprosy, syphilis or any other infectious or contagious diseases. Goat's Milk: The same regulation that apply to cow's milk apply to goat's milk. There is a law for the control of bovine tuberculosis. This law is under the jurisdiction of the Minister for Agriculture and Commerce and provides for the examination by the authorities of milk cows, cattle of foreign breed and bulls of mixed breed to ascertain whether tuberculosis is present. The examination is made at a

RESTRICTED

RESTRICTED

- 62 -

designated place on a fixed day. Clinical examinations and the tuberculin test are made once a year. Cattle showing clinical tuberculosis on positive tuberculin tests are destroyed and the carcasses except skin, horns and hoofs are burned. Cattle suffering from mild tuberculosis are isolated and their milk is pasteurized.

Inspection of Farms: Milk cows are inspected before their milk may be sold and they are inspected thereafter at regular intervals. Inspection of the milk is made either during delivery or at dairies. Dairies are inspected at least once each month when samples of milk are examined for variation, color, odor, density, specific gravity, fat content, bacterial count. The dairy industry is confined largely to the environs of the larger towns and cities and pasteurizations at its best must be considered uncertain and inadequate. Despite the recent development in Hokkaido, the importation of dairy products of each type was considerably greater than that produced.

Statistics, 1938

Persons engaged in milking, handling, selling milk	4,799
" " " milking and selling milk	25,111
" " " selling milk	5,600
Dairy farms	50,422
Milk plants	6,445
Number of milk cows	107,878
Milk produced	262,314,993 litres
Hokkaido prefecture produced of the total amount	78,723,065
Okinawa produced the least.	
Goat's milk:	
Persons engaged in production and sale of goat milk	709

RESTRICTED

RESTRICTED

- 63 -

Number of goat dairies	614
Number of goats	6,482
Quantity of goat milk produced	1,575,766 litres
Milk products:	
Amount of condensed milk produced	25,733,458 Kilo.
Condensed skim milk	2,657,680 "
Powdered milk	894,646 "
Butter	698,706 "

A business in Japan which was once large is the melting of snow for sale as water. This melted snow was required to pass all the tests of other water. Now this business is considerably smaller, and exists only in the northern prefectures of Aomori and Toyama, and Shiga in the center. Selling ice is another business greatly reduced in scale. As of 1937, the figures are as follows:

Snow and Ice:	1937
Traders in snow and ice	1,636
Artificial ice produced	2,699,939,119 Kgs.
Natural ice	52,291,065 "
Snow	154,782

Refreshing drinks in 1938 had 3,347 manufacturers, and their products consisted of:

Mineral and Plain soda	8,291,727 litres
Lemonade	52,177,373 "
Cider	53,744,847 "

This industry has been rapidly increasing in Japan showing a consumption of 2.01 litres per inhabitant.

c. Meat Hygiene. Sanitary control of meat was first adopted by the government in the 1870's when regulations for the control of slaughter houses

RESTRICTED

RESTRICTED

- 64 -

were issued to prohibit the slaughter and sale of cattle suffering or dying from disease.

The present laws for meat hygiene were adopted in 1906 and are under the administration of the local governor. Permits to establish abattoirs must be obtained from the governors. Site, facilities and equipment must be approved.

The control of cattle for slaughter is exercised by 625 sanitary inspectors devoting their full time for this work. In case an animal is found to be suffering from a disease the slaughter of the animal is prohibited and the word "prohibited" is branded on its horn, fore hoofs and rump. After an animal is slaughtered examination of the blood, viscera and lymphatic glands and flesh is made. Disease of any of these organs is cause for rejection of the carcass.

The number of slaughter houses in 1938 was 728. Hokkaido, with 77 slaughter houses, has the greatest number.

Slaughtering:		Head:	Yielding in Kilogrammes:	
Cattle		345,385		64,523,122
Calves		43,661		2,647,629
Sheep		2,534		46,927
Goats		4,207		46,654
Pigs		1,222,249		60,042,749
Horses		7,427		10,497,131
Number Prohibited		Destroyed after slaughter	Partly Destroyed	Viscera only destroyed
Cattle	94	166	4,789	78,785
Calves	9	31	263	2,015
Sheep	--	1	3	727
Goats	--	--	4	192
Pigs	281	271	1,452	579,913
Horses	128	66	3,599	9,834

In addition to the meat produced in 1937 Japan imported 13,086,484 kilogrammes.

RESTRICTED



AREA 11. JAPAN - HONSHU - TOKYO. (App. Lat. 35° 40' N. - Long. 139° 45' E.)
Tokyo Municipal Sanatorium. Opened in 1920 and successively enlarged. Prior
to 1936. ONI #98110.

RESTRICTED

- 66 -

XXII. Mineral Springs

In Japan there are several chains of volcanoes stretching throughout the country and as a consequence many mineral springs, especially hot springs, are found in groups along these volcanic chains. The Nasu volcanic chain which runs southward thru the northern part of Honshu from the western part of Karafuto and Hokkaido has many such springs. Yunokawa, Naborietsu, and Jozankei in Hokkaido; Owani, Naruko, Kaminoyama, Oene, etc. in the northern part of Honshu. In the Fuji volcanic chain that traverses the middle of Honshu and extends over to the Seven Islands of Izu, hot springs are found at Akakura, Betsho, Swa, Hakone, Atami. In the Hakusan volcanic chain in the center of Honshu are found Kamikochi, Yamanaka, Misasa. The cities, towns, and villages which have mineral springs within their jurisdiction number 680 while the total number of Mineral springs numbering about 1000 are classified as follows:

Simple cold	161
Simple hot	231
Simple carbonated	23
Earthy carbonated	18
Alkaline carbonated	153
Common salt	187
Bitter	79
Iron	36
Sulphur	142
Hydrogen sulphide	11
Acid sulphates	7
Alkaline sulphates	11
Miscellaneous	136

Mineral springs are generally utilized for the purpose of recuperation and are used in the following manner:

The most commonly used method is bathing. Most of the public bathing houses are open to the public without charge. The indoor bath is generally installed in

RESTRICTED

RESTRICTED

- 67 -

hotels and restaurants for the convenience of guests.

In Beppu Shima there are steam baths so arranged as to fill a room with the natural vapor which emanates with the mineral springs.

Hot water falls is a method peculiar to Japan. It combines massaging effect with the effect of the hot mineral water.

The water from many mineral springs is drunk with a supposed salutary effect on many ills.

Hot sand and mud baths--the bather covers himself with the sand and is warmed by the hot spring as in resorts like Beppu and Ibusuki.

The mineral salts obtained from the springs consisting of sulphur and iron alkaline salts are used in baths.

These springs as health resorts are under the control of the Governor of the prefecture who presides over enforcement of Regulations for the Control of General Bath Houses.

The accessibility of these springs has made bathing of this type a great national institution in Japan. The average annual visitors to these springs number about 17,000,000 persons.

XXIII. Opium and its Control

Very little opium has been produced in Japan, and since no opium was imported from China the people did not contract the habit of opium smoking. In fact, recognizing the evils of opium the government placed a very strict bar on its import. As opium became of great medicinal value, the government created an opium monopoly and has adopted very strict regulations for the

RESTRICTED

RESTRICTED

- 68 -

control of opium. In 1858 a trade treaty was signed with Great Britain prohibiting import of opium. In 1880 the penal code came into effect. In it, provisions were made for the punishment of offenses against the violation of the opium law.

As insufficient opium was grown in Japan to take care of its medicinal requirements, the government decided to purchase the deficiency and create a monopoly. Opium is sold only through drug stores on prescriptions by medical officers. All the opium grown in Japan is under the direct supervision of the government. All the powder produced from the plants is sent to the authorities. In 1919 the opium law was revised to abolish wholesale dealers of opium, and the governor appointed an official dealer in each prefecture. The governor was authorized to sell directly to consumers.

The government alone may import opium. The export of opium to countries is prohibited except to Japanese physicians practicing in foreign countries, provided their applications are enforced by the Japanese authority in these countries.

The opium committee is composed of The Minister of Health, who is Chairman, 12 Secretaries and 19 members besides 5 clerks.

During the year 1938 the following quantities were sold:

5,884	bottles	containing	5	grains	of	opium
256	"	"	25	"	"	"
210	"	"	450	"	"	"
1,297	"	"	500	"	"	"

Drug Addicts in Japan: Opium addiction has been done away with entirely, both in rural and city districts. Nor is the use of medicinal opium abused

RESTRICTED

RESTRICTED

- 69 -

as measures regulating its purchase and the control of its use are strictly enforced.

In recent years addicts have been found in the cities among Koreans and Japanese who have lived in Korea. Medical practitioners who treat such patients must report the cases to the authorities. In 1935 the number of addicts throughout Japan was about 3000. The prefectural authorities endeavor to admit as many addicts as possible to mental institutions and to give them proper treatment.

XXIV. Health Examination of Prostitutes

The prostitute quarters actually existing in 1938 numbered 392. The term "prostitute quarters" includes all places where licensed prostitutes are permitted to carry on their trade.

The daily average during the year of licensed prostitutes in these quarters was 44,908. For the examination of these prostitutes 368 health examination stations were maintained. The total number of examinations made in these stations was 2,770,427 and in 59,454 cases the prostitutes were found to be diseased. The number of hospitals for admitting these diseased prostitutes was 138 and the average number of times a prostitute was admitted into the hospital during the year was 1.32 times.

The following table gives the number, classified according to diseases, of prostitutes in the whole country who were found to be diseased during the year upon examination; when two or more diseases are found in the same person

RESTRICTED

RESTRICTED

- 70 -

the one which appears first in the table is taken to be the principle disease; thus if a prostitute is suffering both from syphilis and gonorrhea she is taken to be infected with syphilis and the latter is added to the number under gonorrhea.

	Cases	Ratio in percentage to the no. of cases of diseases
Syphilis	3,715	6.25
Gonorrhea	30,144	50.70
Chancroid	19,633	33.02
Ulceration	4,941	8.31
Infectious skin diseases	188	.32
Tuberculosis	31	.05
Leprosy	—	—
Trachoma	594	100
Other diseases	6,164	10.37

Hospitals for Prostitutes:

Total number of hospitals for prostitutes	138
Total bed capacity	4,933
Total entered into hospitals	54,984
Average capacity per hospital	42.16 patients
Average number of days in hospital	17.51 days

The average number of days a clandestine prostitute remains hospitalized is 26.74 days.

The average number of days in hospital of the clandestine prostitute is some 9 to 15 days longer than that of the licensed prostitute which would indicate that the health examination of prostitutes is of decided importance.

Regulations for the control of licensed prostitutes provide that a woman desiring to become a licensed prostitute must be above 18 years of age, must obtain permission from the police and must have her name entered on the official list of prostitutes. First she must undergo a physical examination. A licensed prostitute must live within a certain designated area and cannot

RESTRICTED

RESTRICTED

- 71 -

carry on her trade except in officially sanctioned brothels. Each licensed area has a medical institution for prostitutes and medical examinations are required of each prostitute once every 5 to 7 days. In case a prostitute is found to be suffering from a venereal disease she is sent to a lock-up hospital and is required to undergo treatment. Her license is withdrawn until she is cured.

When found clandestine prostitutes are punished by 30 days jail sentences. If she is found to be suffering from a venereal disease she is sent to the lock-up hospital for treatment.

In certain prefectures "geisha girls" (dancing girls) waitresses, and other women of related occupations must undergo periodic examinations. These are made at so-called "health preservation guilds" once every month or two. The expense is borne by the employer.

XXV. Venereal Diseases

Syphilis, gonorrhea and chancroid are the only reportable venereal diseases in Japan. The first case of syphilis was reported in Japan in 1512 and seems to have been imported from the Loochoo Islands being known as "Loochoo Pox." Fifty years later a physician reported a series of cases and treatment of bubo and syphilis stating that syphilis was more prevalent in cities than villages.

The present system of licensed prostitution dates to 1881 when the Metropolitan Police Board of Tokyo required prostitutes in Tokyo to live in

RESTRICTED

RESTRICTED

- 72 -

brothels, stating as a reason that venereal diseases could be more easily controlled, and ordered compulsory examination of all licensed prostitutes. This law underwent certain changes until 1900, when the prostitution law as it stands today was adopted. This law provides for the licensing, frequent examinations and free treatment of all infected prostitutes.

The number of cases of venereal diseases discovered in the examination of young men for conscription, which is carried on throughout the country yearly, may be taken as an accurate index of the incidence of venereal diseases.

Year	Syphilis	Soft Chancroid	Gonorrhea	Total	Rate per 1000
1914	2,342	2,162	8,136	12,640	26.57
1920	2,196	2,434	6,975	11,605	21.87
1925	1,216	1,501	5,171	7,888	14.27
1930	942	1,116	4,862	6,920	12.69

Based upon this evidence, an intense venereal disease campaign has caused a decrease of these diseases, though in the present war the prevalence of venereal diseases among conscripts was stated to be in the region of 1.18 percent.

For opthalmia neonatorum there are no general statistics available, but from investigations of the Tokyo School for the Blind it was found that 2.56% of its pupils lost their eyesight because of gonorrhea. Though the regulations concerning the prevention of venereal disease applicable to the public are only general, any person suffering from a venereal disease may seek relief

RESTRICTED

RESTRICTED

- 73 -

at public or private hospitals or by physicians in practice. If unable to pay for their treatments, payment is provided for by the Saisei Kai, a philanthropic association endowed by the Imperial Family, by the Red Cross, and by the Association for the Prevention of Venereal Diseases. Sero diagnosis tests for syphilis are given on application by the general public at government and private hospitals free of charge.

The Ministry of Public Health and Welfare since 1916 has been maintaining classes in Tokyo, Osaka and Kyoto for sanitary officers, training them to disseminate information in venereal diseases to the general public. The Japanese Association for Prevention of Venereal Diseases has been the most active of the antivenereal agencies, providing for public lectures, distribution of pamphlets to the public, etc.

At the end of 1937, 179 venereal disease clinics handled the following:

Syphilis	467)	1,349)
Gonorrhea	1,166)in patients	5,356)out patients
Chancroid	<u>1,317</u>)	<u>1,535</u>)
Total	2,950	8,240

In 1939 deaths were listed as:

From syphilis:	male	2,791,	female	1,021,	total	4,412.
From chancroid:	male	35,	female	12,	total	47.

Though lymphogranuloma inguinale and granuloma venereum are found in Japan, no statistical information is available.

Prevalence of venereal diseases in licensed prostitutes is 1.8%; in unlicensed and clandestine prostitutes, 3.44%.

Routine blood tests have shown the following positive percentages:

Admissions to the Dermatological Department of Tokyo University:	5.9%.
Admissions to the Izumibashi Hospital:	10.6%.
Admissions to the Kyomido Hospital:	9.4%.

RESTRICTED

24-62621ABCD

RESTRICTED

- 74 -

XXVI. Health Centers

As a result of the promulgation of the Health Center Law of April 1937 health centers were established in 49 different areas throughout Japan; generally speaking one for each prefecture of Japan.

Names of Health Center	Location	Names of Health Center	Location
Asahigawa	Hokkaido	Nishitama	Tokyo
Fukuchiyama	Kyoto	Tomidabayshi	Osaka
Odawara	Kanagawa	Himeji	Hyogo
Omura	Nagasaki	Niitsu	Niigata
Oshi	Saitama	Ota	Gumma
Kisarazu	Chiba	Ohta	Ibaraki
Otahara	Tochigi	Nara	Nara
Iga-Ueno	Mie	Ichinomiya	Aichi
Shimizu	Shizuoka	Kusakabe	Yamanashi
Nagahama	Shiga	Ohta	Gifu
Ueda	Nagano	Furukawa	Miyagi
Taira	Fukushima	Morioka	Iwate
Aomori	Aomori	Sakata	Yamagata
Ohdate	Akita	Asahi	Fukui
Nanao	Ishikawa	Mikkaichi	Toyama
Chigashira	Tottori	Kawamoto	Shima
Okayama	Okayama	Bofu	Yamaguchi
Fukuyama	Hirosima	Gobo	Wakayama
Miya	Tokushima	Kotohira	Kagawa
Uwajima	Ehime	Aki	Kochi
Iizuka	Fukuoka	Nakatsu	Oita
Karatsu	Saga	Yatsushiro	Kumamoto
Nobeoka	Miyazaki	Sendai	Kagoshima
Nijo	Kagoshima	Aberno	Kyoto
Ikuno	Osaka		

The Health Center Act further provides that within a period of 10 years 555 new health centers and 1,100 substations be erected throughout the country. Further, that urban and rural health centers be held responsible for providing intensive training courses for public health personnel needed for the program.

RESTRICTED

RESTRICTED

- 75 -

XXVII. Infectious Diseases (Reportable)

a. Cholera. The first introduction of cholera to the interior of Japan occurred, it is stated, in 1822, when a Dutch ship carried the disease from Java to Nagasaki. But previous to this many cases of cholera were reported in Java, and were followed by outbreaks in Canton, Ningpo, and Peking. When the disease appeared first in Japan, it was in Kyushu. In 1858 between 2,500,000 and 3,500,000 people were stricken by cholera in all parts of the country. The disease raged with special violence in Osaka and Tokyo. During the days between July and September in 1860, 286,000 bodies were cremated in the Tokyo area alone.

Then in 1877 a British merchant ship brought a sailor, suffering from cholera, to Nagasaki. The disease spread from there to other districts. From September to October 14,000 cases occurred and the next year 175,000 cases were reported.

Since that time there have been six definite epidemics ranging from 10,000 to 155,000 cases. The outbreaks occur at irregular intervals, and invariably the epidemic seems to be traceable to the entry of a single case through a port. The port of entry is often in the South of Japan, most commonly Nagasaki.

The authorities carefully watch the prevalence of the disease in foreign countries, and whenever unusual prevalence is reported a bacteriological examination of the excreta of passengers and crews of ships from infected ports is

RESTRICTED

RESTRICTED

- 76 -

carried out. This results in detecting a large number of cholera patients and carriers.

The two most important anti-cholera measures adopted in Japan are: search for cholera carriers, and cholera vaccination.

For preventive inoculation either a heated cholera vaccine or a sensitized vaccine is used. In time of cholera prevalence those whose occupations make them more liable than others to contract the disease are vaccinated. Of late years the people have begun to demand vaccinations.

The disease is spread through contaminated water and food, commonly fish.

No cholera cases were reported in 1936. The total number of cases in 1939 was 57, with 20 deaths. The 57 cases were distributed over:

Hiroshima	40	15 deaths
Yamaguchi	10	3
Okayama	5	1
Tokyo	1	—
Hyogo	1	1

b. Dysentery and "Ekiri".

Dysentery has existed in Japan from the earliest times. The first authentic record of its prevalence in Japan is dated A.D. 861, and between that year and 1829 there were 19 severe recorded epidemics. The number of cases in these epidemics varied from 12,000 to 267,000. The case fatality has been between 20% and 25%.

The seasonal prevalence of dysentery starts in May or June and reaches its peak in August or September.

RESTRICTED

RESTRICTED

- 77 -

Dysentery in Japan is mostly of the bacillary type.

Ekiri, a disease resembling infantile dysentery, is often confused with similar diseases; and has persistently prevailed in various parts of the country from ancient times. Victims of Ekiri are principally children from 2 to 6 years of age. Epidemics are frequent in summer and autumn. Though similar in symptoms to adult dysentery there is sufficient evidence to classify it separately. The number of cases of dysentery in 1937 was 78,284 with a death total of 18,427. Of these the number of cases which broke out in urban districts was 72.30% or 56,596. Of these there were 10,522 deaths. The rate of cases and deaths per 10,000 urban population was 22.54 and 4.19 respectively. Compared with 1936 there was an over-all increase of 26,209.

Figures are not available on the incidence of amoebic dysentery, though the statement is found that very few cases of amoebic dysentery occur in Japan Proper. However the general use of night soil in fertilizing, to which the high incidence of dysentery is attributed, tend to spread amoebic dysentery also.

The areas of Japan where dysentery frequently breaksout are:

	Cases	Deaths	No. cases per 10,000
Fukuoka	16,214	1,555	56.87
Tokyo	20,330	4,375	30.77
Osaka	7,934	1,704	17.20
Hyogo	3,458	652	11.38

These are of course, the areas of greatest population density in Japan.

Carriers either by direct or by indirect contact spread bacillary dysentery by contaminating the food and water.

RESTRICTED

24-62631ABCD

RESTRICTED

- 78 -

c. Typhoid Fever, Paratyphoid Fever. Typhoid and paratyphoid fever are extremely common throughout Japan. Although cases occur throughout the year they have their greatest prevalence in the late summer and early fall. The earliest report of an acute type of fever, undoubtedly typhoid fever as we know it, was reported in Japan in 1674. In 1886 Japan's most serious outbreak of typhoid fever occurred when over 65,000 cases of typhoid or 17 per 10,000 population were actually registered. The case fatality was about 25%. Averaging about 50,000 cases yearly the case mortality rate has been about 21% to 30% depending on the locality. A study of the origin of the infection over a long period of years showed that: 20.77% were infected thru drinking water, 18.11% thru eating infected food, 39.36% thru direct contact with a known case.

The total cases of typhoid fever in 1937 was 38,542 with 6,617 deaths showing an increase over the previous year of 1,604 cases and 150 deaths. The ratios were 5.41 cases and 0.95 deaths per 10,000 inhabitants.

	Cases	Deaths	Number of cases per 10,000 pop.
Hiroshima	2,458	418	13.27
Hyogo	3,400	576	11.19
Iwate	1,200	155	9.50
Miyogi	1,160	151	8.11
Akita	937	117	8.85
Osaka	3,433	724	7.44
Kyoto	1,025	177	5.81
Fukuoka	1,028	285	5.68

Paratyphoid fever was first considered an entity by itself in 1900 when a typical bacillus was found in the stools of patients suspected of having typhoid

RESTRICTED

RESTRICTED

- 79 -

fever. Like typhoid fever it is usually prevalent in the summer and early fall and the same preventive measures are required.

The number of cases in 1937 was 4,480 with 292 deaths, showing 0.63 cases and 0.04 deaths per 10,000 population. Usually a higher rate of incidence of typhoid and paratyphoid is reported from the cities and towns than from the rural districts, the ratio being 10 to 7.

Both the Japanese Navy and Army submit their entire strength to vaccination once each year. A mixed typhoid--paratyphoid vaccine is used.

Once again it may be repeated that the general use of night soil as a fertilizer is the cause of the prevalence of intestinal diseases in Japan.

With the development of the fertilizer industry in the mandated Islands it is the hope of the Japanese government that the use of "night soil" for fertilizer will be sharply curtailed. The ultimate goal, of course, is that of eliminating intestinal bacterial diseases and parasitism, conditions well nurtured by the present practices.

d. Smallpox. The first historical notice of small-pox in Japan was in 735 A. D. Originating in a corner of Kyushu, Fukuoka it spread to many other prefectures. Two years later it again invaded the same territory thus pointing to Korea as a source of its disease. From 735 A. D. to 1833 small-pox is said to have ravaged Japan 56 times. From 1833 to 1920 there have been six severe epidemics varying from 3000 to 113,000 cases for each epidemic. The case fatality of small-pox varies greatly, but it has never exceeded 30% nor fallen below 10%.

February and March have been the most common months for epidemics.

RESTRICTED

34-62631ABCD

RESTRICTED

- 80 -

The spread of the epidemics is promoted by the fact that Japan has a great many fishermen leading nomadic lives, and individuals who fail to be vaccinated.

In 1937 there were 90 cases of small-pox with 6 deaths.

e. Scarlet Fever. Total number cases in 1937 was 17,603 with 480 deaths, showing an increase of 896 cases and a decrease of 7 deaths.

The ratios of these cases and deaths to the population were 2.47 cases and .07 deaths per 10,000 inhabitants.

f. Diphtheria. Since the discovery of diphtheria antitoxin by Park of the United States in 1899, diphtheria has not played the important role it had prior to that time, when the average yearly number of cases was between 35,000 and 60,000 cases. In 1937 the number of cases reported were 28,111, with 4,059 deaths.

Ratios were 3.95 cases and 0.57 deaths per 10,000 inhabitants. Toxin-antitoxin and toxoid are used in schools.

g. Typhus Fever. It is characteristic of typhus fever to prevail with great violence in times of war or famine. It was regarded as a malignant type of adult measles and in the epidemic following the famine of 1859 over fifty deaths per day occurred while the epidemic lasted. The principal areas affected were Tokyo, and the prefectures of Kanagawa, Saitama, Chiba, Gumma. In recent years, however, only sporadic cases of typhus fever have occurred and they have been in Yamagata, Aomori and Akita prefectures. 17 cases of typhus fever were reported in 1937 with no deaths, compared with 16 cases and one death the previous year.

RESTRICTED

24-62621ABCD

RESTRICTED

- 81 -

Various forms of typhus and typhus-like fevers are found in Japan. (1) The epidemic or louse borne typhus fever is a rickettsial disease transmitted by the common body louse. (2) Endemic typhus fever (murine typhus) is spread by the rat fleas. This type is found usually at the sea-ports around docks and warehouses. (3) Tsutsugamushi fever, or Japanese river fever, is a rickettsial disease carried by *trombicula akamushi*. These mites are usually found in infested voles and other rodents. The mortality rates from tsutsugamushi fever are high, around 50%. It prevails during the summer and autumn in parts of the mountainous districts of Niigata, Akita and Yamagata prefectures.

That tsutsugamushi fever is an old disease in Japan, is evidenced by the ancient proverb "Safe as a person without the tsutsuga." However, it is confined to a limited area of three prefectures. In 1937 the 39 deaths attributed to the disease were confined to the above mentioned prefectures.

h. Plague. In 1896 a Chinese passenger on a steamer that arrived at Yokahama and another on one that arrived at Nagasaki were found to be suffering from plague. This marked the first inroad of plague into Japan. In 1897 four more cases of plague were found in the same ports. In 1899 the first indigenous case of plague in Japan occurred in Kobe. During this year there were 23 cases, 42 infested rats found in Hyogo prefecture. Thus it spread to Osaka, Hyogo and Wakayama causing 220 cases. Since this period there have been a number of periods when the disease has waxed and waned, but each year there have been sporadic cases in the port cities. The death rate has varied from 75% to 88%. Although no recent epidemics have been reported, a few cases are reported annually. The prevalence of the flea infested rats makes epidemic

RESTRICTED

RESTRICTED

- 82 -

outbreaks a potential hazard. Rats are found especially in the seaports, around wharves and warehouses. In rural areas most houses are rat infested. The plague bacillus is called *Pasteurella pestis* and is carried by the Oriental rat flea *Xenopsylla cheopis*. The finding of dead rats and other rodents frequently indicates that plague is prevalent among the local rodents. The importance of avoiding these dead animals cannot be over-emphasized. As the fleas leave the dying or dead rodent they seek new animal hosts, including man. Thus, by infesting humans, they transmit the disease to man.

Investigations made in Kobe showed that of 470,846 rats examined:

<i>Rattus rattus norvegicus</i>	made up	45%
<i>Rattus rattus tanezumi</i>		36%
All others		17.9%

Thirty-two species of rats have been identified in Japan. Below are given the percentages of plague infested rats according to species:

In Tokyo

<i>Rattus rattus alexandrinus</i>	made up of total	90.4%
<i>Rattus rattus rattus</i>		3.57%
<i>Rattus norvegicus</i>		5.95%

In Miye Prefecture:

<i>Rattus rattus alexandrinus</i>		22.9%
<i>Rattus rattus rattus</i>		53.68%
<i>Rattus norvegicus</i>		5.95%

In Aichi prefecture:

<i>Rattus rattus alexandrinus</i>		86.9%
<i>Rattus rattus rattus</i>		3.3%
<i>Rattus norvegicus</i>		9.7%

The foregoing table indicates the great predominance of infection in the *Rattus rattus alexandrinus* and *rattus*. They are found to be infected the year around. The *Rattus norvegicus*, however, is infected only in the winter months.

RESTRICTED

RESTRICTED

- 83 -

Areas of Japan where the *Rattus rattus alexandrinus* and *rattus* are found to predominate are the areas in which epidemics of plague have been most persistent.

Only the most extreme vigilance on the part of port authorities has kept the incidence of plague within bounds. Its terrific infectiousness and high mortality have been sources of fear to the Japanese. The presence of one case is sufficient to cause terror among the people. The history of the epidemics of Japan shows that the years from 1905 to 1910 were the most severe during which time 2,200 cases of plague occurred in Japan. Since this time there have been no epidemics, but sporadic cases occur almost yearly.

Plague in Japan has been almost entirely bubonic in type, except for a small outbreak of pulmonary plague of 11 cases in Chiba prefecture.

Sea-port prefectures have been the prevailing places for plague, Osaka, Hyogo, Kagawa, Nagasaki and Tokyo being the most commonly affected.

1. Trachoma. Records show that in the Heroic period (the ninth century) a certain violent eye disease spread rapidly throughout Japan. Whether it was trachoma or not is unknown. However about 1800 an eye disease resembling trachoma was described in some medical books, but it was not until 1880 that the people began to appreciate the gravity of trachoma and the necessity of a stamping it out. In 1916 there was established in Tokyo the Association for the Prevention of Trachoma which studied preventive methods and educated the public concerning the disease. And in 1919 the "Trachoma Act" was passed to help prevent the disease.

Physical examination of the conscripts showed that in 1923 14.68% of them

RESTRICTED

24-62621ABCD

RESTRICTED

- 84 -

had trachoma. Examinations of factory workers showed that 10.84% of them had trachoma. Examination of students showed that in primary schools as high as 16.69% of the children were afflicted with this disease.

The distribution of trachoma is not uniform throughout the country. Conscripts from Aomori showed the highest percentage with 39.8% of conscripts afflicted with the disease, while Nagarro was lowest with 6.65%.

According to the investigations of the Tokyo School for the Blind, 2.69% of blindness is said to be due to the disease while the Nagasaki prefectural hospital attributed 18% of blindness in one eye and 20% of total blindness to trachoma.

In order to educate the public concerning trachoma The Home Affairs Bureau arranged for lectures to be given by experts to the general public. This work has since been taken up by the Association for the Prevention of Trachoma, a voluntary organization set up by physicians. Cities, towns and villages receive financial aid for all expenditures involved in trachoma treatment and prevention.

The following table shows the result of examinations conducted by the prefectural government in accordance with The Law for Prevention of Trachoma.

Number of persons examined	6,522,554
Number of trachoma patients	
Severe cases	39,453
Mild cases	409,495
Suspected cases	<u>123,549</u>
	572,497

Ratio of patients per 100 persons examined	7.92
--	------

24-62821ABCD

RESTRICTED

RESTRICTED

- 85 -

In 1938 from a selected group (origin or qualifications of this group not given) 790,094 who were examined for trachoma 346,353 were found to be suffering from the disease.

At the end of 1938 there were for the exclusive treatment of trachoma:

Prefectural clinics	29
Municipal clinics	256
Towns and village clinics	<u>1080</u>
Total	1,305

j. Cerebrospinal Meningitis. It is only in recent times that any mention has been made of this disease in Japan. It was first found in Nara and Shiga prefectures in 1871 and subsequently spread to Kyoto and Osaka. Since the Chino-Japanese war of 1894 the disease has prevailed in epidemic form at various places in the country. Osaka has been attacked with particular violence. It was first put on the reportable list of diseases in 1918. In the following year 2,400 cases were reported-- an unprecedented number. Kyushu Island, Oita and Miyazaki prefectures seem to be immune from the disease. The case mortality has averaged 50%. The disease is usually most prevalent in March, April and May. Young children are the most frequent victims.

The total number of cases of epidemic cerebrospinal meningitis in 1937 was 2,839 of which 841 died showing a decrease of 764 cases and 183 deaths under the previous year. 55% of the cases, or 464 in number, occurred in the cities. Of these cases, 377 died.

Most of these cases occurred in Fukuoka, Osaka and Tokyo.

k. Notification of acute infectious diseases. Although most cases of

RESTRICTED

24-62621ABCD

RESTRICTED

- 86 -

infectious diseases are reported to the authorities by attendant physicians, in times of epidemic prevalence police officers endeavor to find patients in the early stages of infection or those who do not have physicians in attendance by carrying out house to house inspection. Investigations to determine the efficiency of the various methods of discovering contagious disease were made:

	Reported by <u>Physicians</u>	Notified by <u>patients family</u>	Cases found in household <u>inspection</u>	Cases found around persons medically <u>examined</u>	Cases found by postmortem <u>examination</u>
No. of patients	12,248 95.32%	16 0.12%	480 3.66%	1.25 0.95%	12 0.09%
		<u>Secretly Reported</u>	<u>Others</u>	<u>Total Cases</u>	
		52 0.40%	192 1.46	13,125 100%	

1. Detection and Disposal of bacilli carriers: It is the responsibility of prefectural authorities to carry out different measures to control bacilli carriers. Cholera and typhoid fever and paratyphoid fever carriers have been the main problems.

If cholera breaks out, the excreta of all members of the patients household, all fellow passengers on ship board and all persons who have been in communication with the patient and those who use the same well and toilet facilities are bacteriologically examined. These same investigations are made of typhoid and paratyphoid fever patients. Two negative reports at intervals of

RESTRICTED

RESTRICTED

- 87 -

not less than 24 hours are required before the patient is released.

Disinfection of patients' houses is carried out as a routine procedure.

Patients suffering from cholera, small-pox, typhus and plague are without exception removed to isolation houses or hospitals. More than 80% of patients suffering from dysentery, typhoid fever, paratyphoid fever, scarlet fever and cerebrospinal meningitis are treated in isolation hospitals. Most diphtheria patients are treated in their homes.

For the treatment of infectious diseases at the end of 1938 there were 1,010 isolation hospitals with a capacity of 23,255 beds--there were 7,044 isolation wards with 69,246 beds, 66 isolation houses with 1,699 beds.

RESTRICTED

RESTRICTED

- 88 -

XXVIII. Port Quarantine

In an island country it is well nigh impossible to keep the country safe unless the incoming diseases are detected at the sea ports. Especially is this so when there are frequent outbreaks of infectious and contagious diseases in the neighboring countries and when no adequate measures for prevention are taken at ports of these neighboring countries.

Port quarantine was first carried out in Japan because of the necessity of checking the spread of cholera when patients with this disease frequently arrived in Japanese ports from abroad. In 1879 regulations for the prevention of cholera at sea ports were first issued as No. 28 of the Supreme Councils Notifications. The regulations consisted of 22 articles and provided fairly thoroughly for quarantine measures for ships arriving from abroad or from inland ports. In 1893 it was decreed that the quarantine regulations of 1897 were to be applied in the case of plague also, and accordingly vessels coming from or by way of the Chinese Coast or Hong Kong were quarantined at Nagasaki, Kobe, Yokahama, and Shimonoseki. Since these quarantine laws were enforced only when epidemics prevailed in neighboring countries, when an endemic case of cholera slipped in and started a serious epidemic of cholera in Japan the authorities realized more stringent regulations were necessary. The present quarantine law was adopted in 1899, though it has been revised twice since then.

The infectious diseases for which quarantine is enforced are cholera, **smallpox, scarlet fever, plague, and yellow fever.** Carriers of bacteria of these diseases are regarded as actual cases for the purpose of quarantine. Vessels running from foreign ports to a port where sanitary inspection is carried out are not permitted to enter the harbor, nor communicate with the

RESTRICTED

RESTRICTED

- 89 -

shore or other vessels, nor land crew or passengers or unload the cargo until they have been inspected and granted pratique.

A vessel which comes from a foreign port to where sanitary inspection is carried out must hoist the quarantine signal if any of the following has occurred during the voyage:

A case of an infectious disease or a death therefrom.

The vessel has left an infected district, has passed such a district or has communicated with an infected vessel or is itself infected.

The quarantine officer possesses the authority to take these measures:

- (1) If there is a person suffering from an infectious disease on board, to detain such vessel. Give directions for the disposal of such person and his belongings. Carry out disinfection of the vessel for the destruction of rats and insects and, if necessary, detain the passengers and crew in the quarantine station or in the vessel for a prescribed period. This period will be 10 days for a plague, 5 days for cholera and yellow fever.
- (2) If there is a patient on board who is suspected to be suffering from an infectious disease, to detain the vessel for a period not exceeding 2 days.
- (3) According to the condition of the port of departure or ports of call, or the state of the vessel, disinfections or the destruction of rats and insects may be carried out.

When the disinfection or destruction of rats or insects is carried out, the captains and crew are required to assist. The quarantine laws do not apply to vessels of less than 20 tons or to vessels the loading capacity of which is less than 200 Kaku, unless such vessels have arrived by way of an infected district.

The permanent quarantine stations are under the control of the Harbor Master's Office of the Custom House that supervises the port. In every station

RESTRICTED

24-62631ABCD

RESTRICTED

- 90 -

there are harbor officers, medical officers and other necessary personnel and adjutants such as a disinfection house, isolation house, hospital and crematory.

As a rule the quarantine officers order the vessels to stop outside of the harbor and board the vessel for inspection.

Except for vessels coming from plague infested districts, or from districts where plague has broken out, all vessels coming from places where there is danger of plague are ordered to destroy rats and insects on board every 3 months.

A gas generator especially made for the purpose is available at the quarantine ports. The composition of the gas is:

Carbon Monoxide	CO	3.3 — 6.6%
Carbonic Acid gas	CO ₂	17.0 — 19%
Nitrogen gas	N	76.4 — 77%

Though recent figures are not available, the figures of Osaka may be taken as an example. In the year 1931: 93 cases of plague and 372 infested rats were found in the ships arriving at Osaka. Ratio of infested rats per 1000 inspected rats was *Rattus rattus norvegicus* 44.0. Fleas examined on these rats were *Xenopsylla cheopis ceratopyllus*, and *Ctenopsyllus segnis*. In the ports where plague cases were discovered the species *Xenopsylla cheopis* was by far the most predominant flea.

The total number of vessels inspected in 1937 by harbor offices of the Custom Houses and by temporary port quarantine stations was 24,281 Japanese vessels and 5,978 foreign vessels. The total number of persons inspected was 2,877,586 of which the ship's crew numbered 1,657,126 and passengers 1,220,460. By these examinations 3 persons were found suffering from cholera, 9 from small-pox and 81 from other notifiable diseases.

RESTRICTED

24-63621A3CD

RESTRICTED

- 91 -

XXIX. Rabies

In 1736 the first case of rabies was reported in Japan. There was a severe outbreak in Tokyo prefecture in 1870 and soon after it made its appearance in all parts of Japan.

In the five years, 1933 - 1938, there was only one case of rabies in man reported.

The number of rabid dogs reported in 1937 was 5, all in Tokyo. Persons bitten by rabid dogs reported in 1937 was 3, all in Tokyo. Persons given preventive antirabic serum—3,748.

<u>Year</u>	<u>No. of cases of rabies in man</u>	<u>No. of persons bit- ten by rabid dogs</u>	<u>No of cases of rabies in animals:</u>				
			<u>Dogs</u>	<u>Cattle</u>	<u>Horses</u>	<u>Sheep</u>	<u>Others</u>
1935	1	20	21	0	0	0	1
1936	0	33	11	0	0	0	0
1937	0	3	5	0	0	0	0

The extremely rigid quarantine regulations and anti-rabic inoculations of dogs have kept the incidence of rabies to a remarkably low number.

XXX. Vaccination

It is believed that inoculation with smallpox virus was first practiced several centuries ago at the small seaside village of Awa in the prefecture of Chiba. But the first case of this form of preventive inoculation was at Nagasaki and was performed by a Chinese from Hankow in 1745. In 1849 Kanso Nabeshima head of Saga Clan, had his physician import bovine virus from Holland. This virus was kept alive by transmission from child to child and gradually vaccination spread from prefecture to prefecture. The general public did not seem to recognize the value of vaccination. In 1857 a private enterprise

RESTRICTED

34-62621ABCD

RESTRICTED

- 92 -

opened a house for vaccination in Tokyo. Only arm to arm vaccination was practiced until Dr. Nagayo returned from Europe in 1873 and innoculated a calf with humanized lymph and manufactured calf lymph for the first time. Since 1900 vaccine calf lymph has been used, prepared by the methods of Kitasato and Umeno. Vaccination is compulsory and must be affected in two periods, the first between 6 months after birth and, in case of a negative, taken again before the following June. The second in the 10th year after birth.

The total number of period vaccinations against smallpox in 1937 was 2,031,232, of which 1,908,237 proved positive and 66,372 negative. The total number of second period vaccinations was 2,011,374, of which 1,215,149 proved positive and 765,489 negative, making a total positive takes for the year of 1937 of 3,123,386 vaccinations.

Percentage in positive cases		1937	
Adults 1st time	97.48%	2nd time	78.46%
Children 1st time	70.01%	2nd time	25.01%

96.64% of all adults supposed to be vaccinated were vaccinated.

95.41% of all children supposed to be vaccinated were vaccinated.

RESTRICTED

RESTRICTED

- 95 -

XXXI. Parasites

a. Common Types. Intestinal parasitism is extremely common throughout Japan, and the prime cause may be considered the universal practice of using human night soil as a fertilizer. The need of fertilizer, and the availability of human night soil, have created a strong block against the installation of wide-spread sewage systems, and as long as this condition persists, intestinal parasites will remain a serious problem.

Flatworms:

Trematodes
(flukes)

Schistosoma
Fasciola
Opisthorchis
Metagonimus
Paragonimus

Cestodes
(tapeworms)

Diphyllbothrium
Dipylidium
Hymenolepis
Taenia
Echinococcus

Acanthocephala
(thorny-headed worms)

Roundworms:

Nematodes
(roundworms)

Trichocephalus
Strongyloides
Ancylostoma
Ascaris
Wuchereria
Onchocerca

Gordiaceae
(hair-worms)

In 1937, 581,809 persons were examined under the provision of Act 2 of the Law for the Prevention of Parasitic Disease. Of these 282,004, or 48%, were found to carry eggs. Roundworm egg carriers represented 83% of this total. The next largest was hookworm carriers with 22%.

b. Geographical distribution of Parasites. Thread worms and tapeworms are found distributed throughout the country.

RESTRICTED

24-02621AECB

RESTRICTED

- 94 -

Roundworms affect on an average 50% of the population. Old world hookworms are particularly prevalent in agricultural villages due to the lack of protection of the feet. In Saitama, for example, the percentage is about 55% of the population and the disease is serious.

Diseases caused by flukes occur mostly in low-lying damp places. Parts of Yamanashi, Hiroshima, Okayama, Saga, Ibaraki and Shizuoka prefectures are affected. Lung flukes are found in persons living along streams running from mountain ranges forming the backbone of the main island of the country while liver flukes prevail wherever fresh water fish is eaten uncooked.

c. Preventive measures employed. Finding that human parasites were more prevalent than was thought, the Central Government issued in 1920 memoranda to the local governments to the effect that it would make grants to the extent of one-third of the cost of measures for the extermination of parasites and for the prevention and suppression of malaria undertaken by local governments. The government has also sent specialists to districts particularly affected to assist in the campaign of prevention. The local governments make grants to guilds, cities, towns, villages where such diseases are particularly prevalent to carry on the campaign.

In Saitama prefecture, where hookworm is most prevalent, the local government treated over 400,000 people for the extermination of the parasite. In parts of Yamanashi, Hiroshima and Okayama prefectures where there are a great number of persons afflicted with flukes, fire is used to destroy *Blanfordia*, *nosophora katayama* by means of which the parasite enters the body.

RESTRICTED

RESTRICTED

- 95 -

Ditches also are covered with lime for the purpose of destroying it.

As the eggs of roundworms and hookworms are discharged from the body in the excreta, proper measures must be taken to improve the sanitary conditions of toilets and for the safe disposal of faeces. The government's answer has been the subsidizing of adequate sewage systems, as yet still highly inadequate, and the so-called "sanitary privy" by means of which the eggs of the parasites are almost completely destroyed prior to the collection and spreading of the night soil.

The government urges the public to use care in the selection of food and drink which may contain eggs of the parasites.

The first principle in the prevention of these diseases is the extermination of the adult worm in the human body. For this purpose various anthelmintics are used such as santonin, thymol, oil of chenopodium, oil of eucalyptus, carbon tetrachloride, etc. As purgatives magnesium sulfate and castor oil are the favorites. These drugs should be given by a physician only because fatalities may result.

d. Worms. **Infestation** with filarial worm is common in Japan. The filarial larvae on entering the body migrate to the lymph channels and block these, tending to produce a swelling of the scrotum and legs, commonly called "elephantiasis." The principal filarial parasites are the **Filaria bancrofti** which is spread chiefly by the mosquito, *Culex quinquefasciatus* (fatigans), and **Microfilaria malayi** which is spread by the *Mansanoides annulatus* and *A. hyrcanus sinensis*.

RESTRICTED

24-62621AECB

RESTRICTED

- 96 -

Infestation with the liver fluke follows ingestion of raw fish harboring the cercariae. Snails of the species *Bithynia* are the primary host. Infestation with the liver fluke follows ingestion of vegetables or water polluted with cysts of the fluke.

The intestinal fluke is contracted by man through the ingestion of uncooked or improperly prepared water chestnuts and water plants. Paragonimiasis follows ingestion of uncooked infested crabs and crayfish. The primary host for this lung fluke are snails of the species *Melania*.

The broad fish tapeworm may be transmitted to man when he eats raw fish—a universal custom in Japan. Practically all types of fish in the Far East are infested, but the Japanese limit their raw fish ingested to practically three types of fish, red snapper or "tai", striped bass, and tuna, erroneously believing they do not harbor the infesting organism.

Schistosomiasis. Infestation with *Schistosoma japonicum*, a liver fluke, is common in certain regions of Japan. This is a chronic disease acquired by man by drinking and swimming in waters infested with the cercariae. Snails which are known to serve as the intermediate host *Schistosoma japonicum* are various species of *Oncomelania*, *Katayama* and *Schistosomophora*.

XXXII. Tuberculosis

a. History. The history of tuberculosis in Japan dates from early times. In the most ancient Japanese medical book "Ishinho" written in 984 A. D. there is a very complete description of the symptoms of pulmonary tuberculosis. In 1805 in another medical book, the author contended that tuberculosis was an infectious disease and contagious through the media of various utensils,

RESTRICTED

RESTRICTED

- 97 -

clothes and other things used by patients with tuberculosis. In April 1904 the government promulgated, for the first time, ordinances concerning the prevention of pulmonary tuberculosis. According to this ordinance, spittoons were provided in schools, factories, theatres and other places designated by local governors. Spitting, other than in spittoons was strictly forbidden. Besides this, a long list of rules was adopted for the hospitals, hotels, prisons, railway stations, etc.

In 1914 the first national sanatorium was established for pulmonary tuberculosis, and grants were made by the Treasury to cities containing more than 300,000 inhabitants for establishing adequate sanatoria for the treatment of tuberculosis.

Private enterprise started, in 1911, the Japanese White Cross Society for the prevention of tuberculosis, and in 1913 the Japanese Association for the Prevention of Tuberculosis was organized.

b. Statistics. The first statistical study of tuberculosis in Japan was made in 1899, and judging from the present death rates from tuberculosis, the spread of the disease has not yet abated. The situation does not differ materially in different parts of the country, but the death rate is higher in cities than in rural districts. From 1915 - 1920 the average tuberculosis death rate for the entire country was 23.1 per 10,000 population. The average death rate for 40 cities of over 50,000 population was 36.09 per 10,000 population. Death rate from pulmonary tuberculosis in females is higher than in males. The death rate is highest among men between the ages of 20 and 25 and among women between 15 and 20 years of age.

RESTRICTED

RESTRICTED

- 98 -

By virtue of the present law, physicians are charged with the duty of instructing tuberculosis patients in methods of disinfection and other preventive measures, which the patients, or other persons to whom such instruction is given, are required to follow.

c. Duties of Administration Authorities. The Authorities are required to disinfect the building and articles therein and take other necessary measures of prevention in case patients with tuberculosis have occupied it, or a death from tuberculosis has occurred.

The administrative authorities carry out the health examinations of persons who are engaged in an occupation which is conducive to the spread of the disease, or those who live in places where the spread of the disease is feared.

Persons suffering from tuberculosis are prohibited from engaging in occupations which are conducive to the spread of the disease. The administrative authorities must take special precautions with respect to schools, hospitals, factories, inns, restaurants, barbershops and similar places.

The National Treasury allows grants to cities and prefectures erecting sanatoria in the amount of one-half of the sums expended for this purpose and one quarter of the sum required for maintenance. Other agencies helping in this work are the following:

The Salvation Army

The Japanese Red Cross Society

The Sai Sei Kai

The White Cross Society of Japan

The Japanese Association for the Prevention of Tuberculosis.

RESTRICTED

RESTRICTED

- 99 -

The Japan White Cross Society began, years ago, the work of diagnosing tuberculosis at an early stage and treating them either gratuitously or for a very moderate fee.

In the early 1930's, as Japan began its industrial development, the many workers required for this industrilization were recruited from the rural districts. One of the early developments of the distribution of the population from rural life to city life was a sudden increase in the incidence of the cause of tuberculosis. The increase in numbers was so disturbing the Konoye Cabinet created the new cabinet office of the Ministry of Public Health and Welfare thus removing health matters from the hands of the Bureau of Home Affairs. The Ministry of Welfare recognized this menace to the health of the people of Japan and one of its first steps was, by Imperial Ordinance, to plan the erection of a number of national sanatoria for the treatment of cases of tuberculosis. These sanatoria were still in the course of construction in 1940. Clause I of Article IV of the Law for the Prevention of Tuberculosis provides for the complete physical examination of those who by their occupation render them susceptible to this disease.

In 1937 orders were issued to the following prefectures for the establishment of sanatoria.

Osaka
Hyogo
Gumma
Chiba
Tochigi
Mie
Aichi
Gifu
Yamagata

RESTRICTED

24-08621 ABCD

RESTRICTED

- 100 -

Fukui
Ishikawa
Okayama
Yamaguchi
Oita
Kumamoto

With a total capacity of 5,654 beds these hospitals are now in full operation. There are now 116 hospitals with a total of 10,607 beds available, private, prefectural and governmental.

During 1937 11,974 males and 6,797 females were admitted to these hospitals. Of these 3,053 males and 2,836 females died in hospital.

Statistics of 1939 -- Death from Tuberculosis

	Total	male	female	rate per 10,000	rate of death per 10,000
Pulmonary Tuberculosis	107,442	57,147	50,295	85.3	14.88
Tuberculosis of meninges and CNS	8,734	4,692	4,042	6.9	1.21
Tuberculosis of Intestines & peritoneum	26,395	10,102	16,293	21.0	5.66
Tuberculosis of Spinal Column	2,770	1,553	1,217	2.2	0.58
Tuberculosis of bones and joints	655	396	259	.5	.09
Tuberculosis of skin & subcutan- eous tissues	32	12	20	.00	.001
Tuberculosis of genital organs	1,503	847	656	1.2	.21
Tuberculous granuloma	700	409	491	. 7	.12
Total	148,441	75,158	83,275		

RESTRICTED

RESTRICTED

- 101 -

XXXIII. Mental Disorders

In contrast to ancient European thought, which considered mental disorders as a punishment for sins or as works of the devil, in Japan there existed from very early times the conception that they were manifestations of disease. In the 11th Century a system of Home nursing for the insane was started at Iwakura Mura, a suburban village of Kyoto, and it is still being carried on. In a law enacted in the 18th Century lunacy was called a serious disease. The first public asylum for the insane in Japan was established on Kyoto in 1871. It was followed by a second asylum in 1879 at Tokyo. At this time the Civil Code provided for the protection and civil rights of insane persons. The present day regulations of the insane were enacted in 1900 which provided for the prevention and treatment of insanity.

The present laws enforced are:

Law concerning custody of the insane:

The object of the law is to prevent the unlawful confinement of the insane as well as to prevent danger to society.

Guardians, husbands or wives, fathers or mothers, heads of houses or blood relatives are responsible for the custody of the insane.

Expenses incident to the custody of the insane are borne by the patient. In the case of indigent people, persons responsible for their support must bear the expense; where there are no such persons the prefectural government is responsible.

RESTRICTED

RESTRICTED

- 102 -

Laws concerning Asylums for the Insane:

The object of the law is to provide for the protection and treatment of patients as well as to increase the number of hospitals and asylums for the insane.

The Minister of Home Affairs may order prefectures to establish asylums for the insane.

The local governor may order heads of cities, towns or villages to keep in custody insane persons who have committed an offense and are deemed by the authorities to be especially dangerous.

There are three kinds of asylums in Japan:

Those established by prefectures; those established by prefectures and approved by the Minister of Home Affairs; public or private hospitals established as a temporary measure pending the establishment of asylums for the insane by all the prefectures throughout the country.

The National Treasury makes grants to prefectural hospitals to the extent of one half of their cost and one sixth of their maintenance.

The hospital expenses of indigent patients are paid by the prefectures.

The total number of insane persons at the end of 1937 was 90,753 showing an increase of 4,706 for the year. Its ratio to the population of the country was 12.74 per 10,000 population.

RESTRICTED

RESTRICTED

- 103 -

	Males	Females	Total
Admitted into Insane asylums	1,667	883	2,550
Admitted into Substitute Asylums	4,127	2,420	6,547
Under Custody in the asylums	4,341	2,329	6,670
Under custody in other places	5,858	1,350	7,280
Under temporary custody	94	28	122
Not requiring admission to hospital or custody	<u>41,066</u>	<u>26,590</u>	<u>67,656</u>
	57,153	33,600	90,753

Classified according to the form of insanity the percentages of the various diseases are as follows:

1. Insanity resulting from somatic causes especially from infectious diseases	0.11	
2. General paralysis	19.81	
3. Intoxication psychosis		
Alcoholism	2.15)	2.36
Drug addiction	0.21)	
4. Female dementia	3.07	
5. Insanity of unknown etiology		
Dementia praecox	36.41)	40.44
Paranoia	1.53)	
Idiocy, imbecility and Epilepsy	2.50)	
6. Hereditary insanity, chiefly resulting from constitutional causes		
Hysteria	2.41	
Manic depressive insanity	26.41	
Insanity of degeneracy	0.77	
7. Other forms of insanity	<u>4.21</u>	
	100.00	

Predominating forms of insanity in Japan are therefore dementia praecox 36.41%, manic depressive insanity 26.41%, and general paralysis 19.81%. Alcoholism and morphinism are infrequent in Japan. In this connection it should be noted that "Sake", the national alcoholic drink of Japan, contains only 14% to 18% alcohol and stronger alcoholic drinks are infrequently used. Of the

RESTRICTED

RESTRICTED

- 104 -

patients discharged from asylums 20.64% were cured, 59.65% were still insane and 19.71% died while still insane.

Prefectural asylums for the insane are built on extensive grounds on the cottage system. This applies also to some private asylums. Patients are generally treated on the "non restraint method" rest treatment, continuous bath and occupational therapy. The Tokyo prefectural asylum at Matsugawa and the clinics at Kyushu Imperial University and the Osaka Medical College have specialized in the malaria therapy for general paresis.

The Japanese are great believers in courses in psychiatry to prevent mental breakdowns and in all colleges, universities and medical schools intensive courses in psychiatry are given. As early as 1875 all police officers at the Tokyo Metropolitan Police were given lectures in psychiatry.

The following are associations dealing with mental disorders:

The Society of Social Medicine
The Japan Neurological Society
The Tokyo Psychiatral Society
The Japan Criminological Society
The Japan Society of Psychiatrists
The Aid for the Insane Association.

To take care of the insane there are 151 hospitals for the insane under governmental, prefectural and private auspices with a total bed capacity of 21,325 beds. To these 15,960 patients were admitted in 1939. Of these 13,752 were discharged and 1,588 died while in the hospital.

For the protection of feeble-minded persons there are six private asylums, and two private schools for feeble-minded children.

The percentage of feeble-minded children according to investigation carried out by the Municipal Office of Tokyo on 10,000 pupils of the primary grade

RESTRICTED

RESTRICTED

- 105 -

school in Hongo Ward was 2.4%, and of 65,000 pupils examined in Kyoto 2.7% were feeble-minded.

Juvenile criminals are not necessarily of abnormal mentality, however there are among them many feeble-minded or mentally deranged boys and girls. Investigations made by the State Reformatory of its inmates showed that 59.8% were feeble-minded, 14.1% defectives and 26.1% mentally normal. To care for these, there are in Japan one National Government Reformatory, twenty-nine prefectural; 22 substitute prefectural and four private reformatories, all under the supervision of the Ministry of Health.

XXXIV. Cancer

The incidence of cancer in Japan shows a slightly lower rate than most European countries. Its annual death rate from cancer is about 680 per million of population, showing an equal rate for both sexes. Of interesting note is the apparently complete absence of "occupational cancer". By that type of cancer is meant cancers of the skin among workers engaged in such occupations as chimney sweeping, local tar industries, spinning mills, etc., where the skin is constantly exposed to the action of coal, tars, machine oil, etc. The Japanese explanation of this phenomenon is the habit of frequent washing of hands and bathing indulged in by the Japanese as a race.

The Japanese Foundation for Cancer Research was founded for the purpose of encouraging and stimulating cancer research. It fostered the erection of the Koraku Hospital for Cancer in Tokyo which was completed in 1934. Here cancer patients are given treatment under the appropriate Divisions of Radiology, Surgery, Internal Medicine, Radium and Gynecology.

RESTRICTED

24-62621A BCD

RESTRICTED

- 106 -

XXXV. Bacteriological Laboratories

a. Number. The number of bacteriological laboratories at the end of 1937 was 195 consisting of 145 established by prefectural governments; 24 by cities, 1 by towns and villages and 25 by private individuals, showing an increase of two over the preceding year.

Shizuoka prefecture had the largest number of laboratories with 13, Hyogo 12, Osaka and Nagasaki 9 each, Hokkaido, Miyagi and Hiroshima 7 each, Ibaraki, Yamaguchi, Fukuoka and Kumamoto 6 each.

The number of bacteriological examinations made by these laboratories in 1937 was 4,446,393, of which those connected with notifiable infectious diseases were 3,859,920 and those not connected with infectious diseases were 586,473, showing an increase of 878,998 in the total examinations over the preceding year.

b. Vaccines, Sera and other Bacteriological Products for Preventive and Therapeutic Cases.

In 1908 the Department of Home Affairs issued the Regulations for the control of Manufacture of Vaccines, Sera and other Bacteriological Preventive and Therapeutic articles. These articles have been amended but once since then, in 1914. It provided that any person who proposes to manufacture or import and sell vaccine, serum or any other bacteriological preventive and therapeutic articles must obtain the sanction of the local governor and present a detailed statement giving the name and situation of the plant, description of article produced, method of production, period of efficacy, as well as the names and qualifications of the director and the

RESTRICTED

RESTRICTED

- 107 -

chief expert of the establishments. Before making a decision, the local governor refers the matters to the Ministry of Welfare and procures the opinion of the Infectious Diseases Investigation Institute. The local governor is charged with the duty of supervising the preparation of such products in the districts under his control. If any of the provisions of the ordinance are infringed upon he is authorized to impose a fine or rescind the license.

Anti-diphtheritic serum and anti-tetanus serum cannot be sold until examined and judged to be efficient by the government laboratories.

Sera, vaccines and other similar articles for sale by the general public are subjected to control, together with all drugs in accordance with the provisioning of the Regulations for the Trade and Handling of the Drugs. Sera are considered to retain their potency for a period of one year and vaccines for a period of one month after manufacture.

The preparations approved are: Sera: Anti-diphtheritic serum, in liquid or dry form. Anti-tetanic serum, liquid and dry form. Typhoid serum. Shiga anti-dysentery serum, polyvalent anti-dysentery serum, anthrax, influenza, anti-pneumococcal, anti-meningococcal, anti-plague, anti-cholera, anti-spirochaeta, anti-ictero hemorrhagicae.

c. Vaccines. Vaccine lymph, typhoid vaccine, paratyphoid, dysenteric, cold, influenza, whooping cough, streptococcal, erysipelas, gonococcus, staphylococcus, plague, cholera, ~~spirochaete~~ ictero hemorrhagicum, seven day fever, glanders, old tuberculum, neotuberculin, tuberculo-toxodin, rabies, Ducrey's, rabies vaccine for dogs, diagnostic preparation for typhoid fever, paratyphoid and syphilis, and a large number of sensitized bacterial vaccines are prepared.

RESTRICTED



Area 11 -- Japan - Tokyo

Lat. N 35 40' Long. E 138 45'

St. Luke's International Medical Center. Sumida River

Date: 6/12/42

Source: MID 201 Kibby, Sydney

RESTRICTED

- 109 -

XXXVI. Disease Information

a. Malaria. Malaria in Japan Proper is of the tertian type.

Plasmodium falciparum is found in Okinawa prefecture. Cases of the quartan type are found only in Yaeyama Islands, Okinawa prefecture. The number of deaths from malaria in Japan Proper in 1938 was 76; of these 45 were in Okinawa prefecture and the balance was scattered in lots of one or two over the rest of the country. This compares with 51 deaths the previous year.

The chief malaria carrying anophelines in Japan are *A. maculipennis*, *A. elictio*, *A. sergenti*, *A. fluviatilis*, *A. minimus*, *A. maculatus*, *A. ludlowi* and *A. umbrosus*. That the anti-malarial campaign in Japan is being successfully carried out is evidenced by the decline in the number of average annual deaths of 350-400 down to 50-75.

In Japan Proper, malaria occurs in practically all sections. It is most common in the low-lying districts and shady lowlands of Kyoto, Nigata, Gumma, Okinawa, Tochigi, Miye, Aichi, Shizuoka, Shiga, Gifu, Aomori, Fukui. *A. sinensis* is said to be the most important vector and to have the widest distribution.

b. Dengue Fever. Dengue or break back fever is a disease conveyed by *Aedes aegypti* and *Aedes albopictus*. This disease occurs throughout the Japanese empire and is most prevalent in the coastal areas. Although the disease is rarely fatal the fact that it frequently occurs in epidemic proportions may be the cause of considerable morbidity among troops.

c. Pappataci or Sandfly Fever. This disease is spread by sandflies, *Phlebotomus pappataci*. It is similar to dengue fever in that it produces no

RESTRICTED

24-62621ABCD

RESTRICTED

- 110 -

fatality and in its tendency to occur in sudden sharp outbreaks involving numbers of persons at one time. The long period of convalescence during which the patient complains of extreme weakness makes it of particular importance among troops.

d. Influenza. The first epidemic on record in Japan was reported in 860 A. D. Since this time many epidemics have been reported. In 1890 an epidemic of great violence prevailed. Though there is no record of the number of cases which occurred at that time the records of the Japanese Army show that 17% of the whole army strength was affected. No death rate is given. In the great world epidemic of 1918, 21,168,398 cases of influenza were reported with the total deaths 257,363 or 1.22 percent of the population.

e. Pneumonia. Though there were 58,031 deaths in Japan from pneumonia in the year 1938 giving a death ratio of 8.04 per 10,000, no particular stress seems to be placed on combating the disease. Hokkaido in the north of Japan rates first in the number of deaths, there having been 2,592 deaths during the year.

f. Relapsing Fever. This condition, caused by the ~~spirochaete~~ *Borrellia recurrentis*, is spread chiefly by the louse, and its distribution corresponds to that of epidemic typhus fever. Cases of relapsing fever were found during the Chino-Japanese War of 1894 during which time the infection was introduced into Japan by way of Korea. Many cases were observed in 1902 - 1910 in Osaka prefecture. In 1938 there were two deaths in Japan due to relapsing fever.

g. Schistosomiasis. Infestation with *Schistosoma japonicum*, a liver

RESTRICTED

RESTRICTED

- 111 -

fluke, is common in certain regions of the Japanese Empire. This chronic disease is acquired by man by drinking, and bathing in waters infested with cercariae. Snails which are known to serve as the intermediary host of schistosoma Japonicum are various species of Oncomelania, Katsuyama and Schistomophora. The Japanese have discovered that snails live only in acid reacting water; they, therefore, destroy these snails by adding enough lime to the water to alkalinize it.

h. Filariasis. Infestation with filarial worms is common in the countries of the Japanese Empire. The filariae migrate to the lymph channels, blocking these, and thus causing a swelling of the scrotum and the legs, known as "elephantiasis." The principal filarial parasites are *Filaria bancrofti* which is spread chiefly by the mosquito *Culex quinquefasciatus* (fatigans) and *Microfilaria malayi* which is spread by *Mansonoides annulatus*, *M. annulifera*, *A. barbirostris* and *A. hyrcanus sinensis*. *Filaria bancrofti* is the only type reported from Japan Proper. *Culex quinquefasciatus* (fatigans) is the only vector reported from this area. The disease is found most commonly in the province of Nagasaki, Shizuoka, Kochi, Saga, Kumamoto, Kagoshima and Okinawa. In 1939 there were 129 deaths in Japan Proper from filaria, 74 males, 55 females. These deaths were well scattered throughout Japan.

i. Other worm infestations. Diseases caused by flukes occur mostly in low lying damp places. Parts of Yamanashi, Hiroshima, Okayama, Saga, Ibaraki and Shizuoka, are affected. Lung flukes are found in persons living along streams running from mountain ranges forming on the backbone of the main island of the country, while liver flukes prevail wherever freshwater fish is eaten uncooked.

Infestation with the liver fluke *Clonorchis sinensis* follows ingestion of

RESTRICTED

RESTRICTED

- 112 -

raw fish harboring the cercarise. Snails of the species *Bithynia* are the primary host. Infestation with the liver fluke *Fasciola hepatica* follows ingestion of vegetables or water polluted with the cysts of fluke. The intestinal fluke *Fasciolopsis buski* is contracted by man through the ingestion of uncooked or improperly prepared water plants, water chestnuts, etc.

Paragonimiasis follows the ingestion of uncooked infested crabs or crayfish. The primary host for the lung fluke are snails of the species *Melania*. Flukes of the species *Metagonimus yokogawai* infest man when he consumes their host, fresh water fish, usually gold fish. These various fluke infestations are reported all through Japan.

The broad fish tapeworm, *Diphyllobothrium latum* may be transmitted to man when he eats raw fish. Practically all types of fish in the East are infested.

j. Epidemic Encephalitis. No cases of this disease were reported in Japan prior to the influenza epidemic of 1918. In 1924 there were a number of people in the prefectures of Okayama, Kagawai, Tokushima who were affected by a strange epidemic which was diagnosed as epidemic encephalitis. In nine months of 1924, 6,547 cases were reported. The case fatality was 60%. In 1938 there were 1,088 deaths, 567 males and 521 females.

k. Dermatological Conditions. Skin diseases including the various fungus infections are common throughout the empire.

l. Beri-beri. Beri-beri first made its appearance in Japan during the Komakura period 1186-1333. In modern times outbreaks of beri-beri have been very frequent in the Army and in overcrowded prisons. In 1874, one-third of

RESTRICTED

RESTRICTED

- 113 -

the Japanese army was affected with beri-beri. A board was established to study the disease to find the cause of it.

The number of deaths attributed to beri-beri showed a great increase from 1912 to 1922. The Navy also had its difficulties with the disease and at one time the rate of beri-beri in the Navy was about 400 cases out of every 1,000 sailors. Changing the diet from rice to a mixture of rice and barley ameliorated the disease. Since the discovery that beri-beri is a deficiency disease, the disease incidence has diminished considerably; but in 1938 there were 12,712 deaths in Japan as a result of beri-beri. Of these 7,733 were in males and 4,979 in females. In infants under one year of age there were 6,430 deaths. This number compares with 11,097, 10,062, and 13,828 for previous years.

m. Leptospirosis. Various forms of leptospirosis, especially Weil's disease, are reported for all parts of the Japanese Empire. These diseases are spread in food or water contaminated by the urine of infected rats. Man contracts the disease by eating or drinking contaminated food or water and by swimming or wading in water contaminated by rat urine.

n. Leprosy. In the 12th and 13th centuries leper houses were established in Japan, and in the 16th century missionaries established further leprosaria in Bungo and Kyoto. But as leprosy was considered a visitation of a punishment from Buddha, the people refused to present themselves for treatment. This contributed to the spread of the disease. In 1906 the number of lepers in Japan was: male 16,607, and female 7,208. In 1919 the number had dropped to 16,261, but in 1935 it was estimated there were 35,000 to 50,000 lepers in Japan. No figures are available for the number of lepers in Japan at present, but there are 15 leprosaria with 5,887 beds. Of these, 8 were established with private

RESTRICTED

RESTRICTED

- 114 -

funds, the balance are government or prefectural supported. 1,536 new patients were admitted during the year; 6,549 lepers were in the leprosaria at the end of the year; 412 deaths in the hospitals.

o. Tetanus. In the year 1938 there were 1,775 deaths from tetanus reported from Japan Proper. Of these 1,069 were males and 706 females. Though these were fairly well distributed throughout the country, the prefectures of Ibaraki with 169 deaths, Tochigi with 60, Chiba with 185 and Gumma with 71 were outstanding. These are all adjoining prefectures. Rate per 10,000 was 0.25 and rate of death per 1000 inhabitants was 1.4.

p. Kala Azar. This condition is thought to be spread by the sandfly, phlebotomus sp. and caused by the parasite Leishmania donovani. It is very rare in Japan.

q. Anthrax. A few cases of anthrax are reported sporadically throughout Japan each year.

r. Actinomycosis. From eight to twelve cases of actinomycosis cases are reported from Japan Proper each year.

RESTRICTED

RESTRICTED

- 115 -

XXXVII. Insects and Animals of Importance to Man

a. Mosquitoes. Malaria, filariasis and dengue fever are the mosquito-borne diseases found in Japan. Malaria is scattered over the country and occurs principally in low lying damp districts and shady woodlands favoring *Anopheles hyrcanus sinensis*, which is by far the most important mosquito vector of malaria in Japan. In addition to *A. hyrcanus sinensis* malaria in Japan is carried by *A. aconitus*. They are found chiefly in Hiroshima, Saga, Okayama, Ibaraki, Shizuoka, Kyoto, Niigata, Gumma, Tochigi, Miye, Aichi, Shiga, Gifu, Aomori, Fukui, Kochi, and Okinawa prefectures.

Phsmodium falciparum is found in the Loochoo Islands. Other anophelines reported to be carriers of malaria in Japan are *A. aconitus*, *A. subpictus* and *A. umbrosus*. *Culex quinquefasciatus* (fatigans) is the vector for *Wuchereria bancrofti* and is most commonly found in parts of Nagasaki, Shizuoka, Kochi, Saga, Kumamoto, Kagoshima and Okinawa prefectures (Loochoo Islands).

Dengue fever is carried by both *Aedes aegypti* and *Aedes albopictus*. *Aedes aegypti* also carries yellow fever. No case of yellow fever has ever been discovered in Japan although *Aedes* mosquitoes are found.

b. Flies. The common house fly, *Musca domestica*, by purely mechanical means carries the causative organisms of the intestinal diseases, typhoid fever,

RESTRICTED

RESTRICTED

- 116 -

paratyphoid fever, amoebic dysentery, bacillary dysentery and cholera from fecal matter to food consumed by man. It is also believed that flies may spread the cholera organisms through their excreta. There are no specific regulations regarding the combating of flies in Japan but such general laws as the Sewage Law, the Law for the Disposal of Refuse and the Law for the Prevention of Acute Infectious Diseases contribute indirectly to the prevention of flies and considerable results are obtained through the rigid operation of these laws.

Local governments have provisions not only for the protection of food displayed in the windows but also for the equipment of food plants, commercial kitchens, and the like. In towns and villages measures for destroying breeding places and for catching flies have been taken by the prefectural authorities officially in cooperation with the health unions.

At present the chief measures taken for the prevention of flies in towns and villages are as follows:

- (1) General cleansing of houses both outside and inside.
- (2) Reconstruction of storehouses for manure, night soil, tanks and cess pools.
- (3) Reconstruction and cleansing of privies, stables, and live stock pens.
- (4) Encouragement in fly catching. Various fly traps.
- (5) Distribution of larvicides.
- (6) Anti-fly propaganda leaflets.

c. The Sandflies. The sandfly (phlebotomus) transmits a virus disease known as pappataci or sandfly fever. This disease is prevalent over practically all of the southern part of the Japanese Empire. Evidence indicates

RESTRICTED

24-62821ABCD

RESTRICTED

- 117 -

that sandflies are capable of transmitting the organism causing oriental sore (dermal leishmaniasis) and may be responsible for the spread of Kala Azar.

d. Other Flies. Other species of flies especially *Chrysomia bezziana* are found in great numbers in Southern Asia and may cause deep seated abscesses. In the process of biting or alighting the flies deposit their eggs in or on the skin's open wounds, and in the nostrils or ear canals. The eggs of some of these flies may be carried by other insects, for example mosquitoes. The development of the maggots in these locations is accompanied by bacterial infection with subsequent abscess formation.

e. Fleas. Fleas (*Xenopsylla cheopis*) are vectors of at least two serious diseases affecting man, namely, plague and the murine (rat) type of typhus fever. Fleas found on rats commonly carry these diseases. The finding of dead rats or other rodents frequently indicates that these diseases are prevalent among local animals. This is of importance because the fleas leave the dying rodent and seek new animal hosts, including man. Thus, by infesting man they may transmit plague and murine typhus. In China, it is believed that the plague organism may also be carried by the dog flea. *Canisus* fleas are distributed throughout the Japanese Empire. The plague infected fleas in the time of the large plague epidemics of Japan showed them to be of: *X. cheopis*, *Xenopsylla musculi* and *Ceratophyllus*. For killing fleas a soap emulsion of kerosene oil is used. Hydrogen sulphide is found to be particularly effective for the destruction of fleas.

RESTRICTED

RESTRICTED

- 118 -

f. Lice. The body louse, *Pediculus humanus*, carries the epidemic form of typhus fever, a disease that is found in every part of the Japanese Empire. They are most frequently found in China and Manchuria. Lice also carry the spirochete *Borrelia recurrentis* causing louse-borne relapsing fever which has the same geographical distribution as epidemic typhus fever. They also carry the microorganism (*Rickettsia quintana*) the causative organism of trench fever. This latter disease has not been reported from Asia for many years but it is a potential hazard, especially in wartime.

g. Mites. Mites (*Trombidium*) are the vectors of several different typhus-like diseases in the Orient and are found in association with rodents, particularly rats; with birds; and possibly in the flowers of certain palm trees. They are most commonly found in areas that are subject to flood and are most numerous in the late spring and early summer. Tropical scrub typhus is found on the southern coast of Indo-China and on the Malay Peninsula. Japanese river fever or tsutsugamushi fever occurs in Japan, and Formosa, and is transmitted by the mite *Trombicula akamushi*.

h. Rats. Rats are important in the spread of several of the typhus fevers and of plague, in that they are hosts to mites and fleas which are the respective vectors of these diseases. The most frequently encountered rats are the common black house rat (*Rattus rattus*) and the sewer rat (*Rattus norvegicus*). In certain areas the vole and bandicoot are common and like rats are responsible for the spread of some of the forms of typhus fever. Some 32 different species of rats are found in Japan.

RESTRICTED

RESTRICTED

- 119 -

i. Poisonous Snakes. The most important poisonous snakes of the Japanese Empire are found outside of Japan Proper, and are the King cobras, kraits and the russel viper. Poisonous sea snakes are common but the majority of fresh water snakes are non-poisonous. Persons who have been in the Southern region indicate that the russel viper causes more deaths than either the kraits or the cobra. On Japan Proper the "mamushi" or form of viper is the only poisonous snake encountered. Its bite may be fatal.

The "mamushi" is a species of ancistrodon Blombofii; its maximum length extends to about 2 feet. The body is short and it has a triangular head. The color of the body is usually dark brown or earth color and blackish brown spots appear on both sides of its back. It usually lives in damp mud. Staying under cover during the daytime, it operates after dark. Its motions are slovenly, and although its poison will cause the blood to flow (hemolytic) its poisonous qualities are not too potent. It is found in Hokkaido, Kyushu, Sado, Samuki, Tsushima. On Hachigo Shima there are Aka-mamushi or red vipers and Kuro-mamushi black vipers. The meat of the viper is considered a delicacy.

j. Pests. Leeches are common in the jungle areas of Eastern Asia, especially in the south. They attach themselves to the skin for blood sucking, and if carelessly removed with retention of the proboscis in the skin, a furuncle or abscess often results. It is said if the body of a leech is touched with a lighted cigarette the insect will withdraw its proboscis and fall off the skin. There is a wide distribution of gnats and various itch mites in the Orient important only as annoying pests.

Insect control measures, particularly in the urban areas of Japan Proper,

RESTRICTED

RESTRICTED

- 120 -

have been instituted by the various local governors. Rats and mosquitoes have received particular attention along these lines.

XXXVIII. Diseases of Cattle

Cattle diseases that occur in Japan are rinderpest, epidemic hoof and mouth disease, Siberian cattle plague, glanders, swine cholera, hydrophobia and bovine tuberculosis. For the prevention of bovine tuberculosis regular teamed sanitary experts make semi-annual inspections of all cattle and give the tuberculin tests once yearly. Cattle found to give positive tests are killed, and their carcasses, except for skin, horns, and hoofs, are burned or buried. Those found to be only mildly suffering from the disease are segregated and their milk pasteurized. The results of the tuberculin tests over a period of years indicate that between 30 and 37 percent are infected.

No figures are available on the number of cases or geographical prevalence of these animal diseases.

XXXIX. Maternity and Child Welfare

The following are the general rules followed by the Minister of Health in guiding their maternity and child welfare work.

1. Erection of maternity houses and hospitals in cities for expectant mothers in needy circumstances.
2. Visiting midwives and health nurses are attached to these homes and are sent to attend poor mothers who cannot be sent to hospitals.
3. Courses for training midwives in maternity homes and hospitals.

RESTRICTED

RESTRICTED

- 121 -

4. Maternity welfare centers attached to maternity homes and hospitals to examine and give advice to expectant mothers.

5. In cities, child welfare centers for the care of infants.

6. Health visitors attached to these centers to visit the homes of poor people and give instructions.

7. Milk stations in maternity homes and hospitals and in welfare centers to distribute milk free or at nominal cost.

8. Babies homes established in cities where babies who are under no motherly protection may be cared for.

9. Infant welfare nurses trained at babies homes and hospitals.

10. Playgrounds for children in cities.

11. In areas where there are no midwives, authorities engage trained nurses.

12. Pamphlets and posters issued to expectant mothers.

13. Aid from National treasury.

The special committee for reducing infant and child mortality was established in 1921.

Provincial Institutions for maternal and child welfare consist of:

Special institutions relating to midwives	197
Maternity homes and hospitals	122
Health Centers (maternity and child welfare)	214
Milk stations	1,145
Day Nurseries and babies homes	567
Special Institutions for the care of delicate children	42

RESTRICTED

RESTRICTED

- 122 -

XL. Organization of School Hygiene

The section of school hygiene in the secretariat of the Education Department deals with the following subjects:

1. Sanitary questions relating to building sites, buildings, fixtures and other equipment of public and private schools.
2. Instruction of hygiene.
3. Physical training.
4. Physical examination of teachers students and pupils.
5. Prevention and treatment of disease in schools.
6. Supervision and protection of physically or mentally abnormal pupils and children.
7. Drinking water and food in schools.
8. Statistics relating to school hygiene.
9. Miscellaneous matters relating to school hygiene.

Prevention of Infectious Disease in Schools. These regulations include the following:

1. Specific contagious diseases.
2. Whooping cough, measles, influenza, mumps, rubeola and chicken pox.
3. Pulmonary tuberculosis, laryngeal tuberculosis, other forms of tuberculosis and leprosy.
4. Trachoma and other infectious diseases of the eye.
5. Scabies and other skin diseases.

RESTRICTED

RESTRICTED

- 125 -

Trachoma is relatively common among school children, particularly among the children in the lower grades.

Tuberculosis is a serious problem. Routine X-ray examinations are given all school children.

Distribution of School lunches is encouraged and the cost is borne by the local prefectural governments.

XLI. Mutual Relief Organizations

These may be divided into two classes: Those existing among workers employed in Government Industries, and those of workers in private industries.

These associations insure their members against accidents and illnesses not included in the provisions of the Factory Law and the Mining Law relating to the relief of employees. Members are also insured against accidents not connected with their employment.

Regulations relating to the associations of governmental workers were enacted by Imperial ordinance and most of them provide for a system of disablement pensions.

XLII. Health Insurance Act

Risks insured:

Sickness and accident either in connection with work or otherwise; death and childbirth.

Persons insured:

(a) Those insured by compulsion: Persons employed in a factory or industry to which the factory act or the mining act apply.

(b) Those insured voluntarily.

RESTRICTED

RESTRICTED

- 124 -

Insurer:

The state shall insure persons who are not members of societies mentioned under Article XXII.

Health insurance Societies:

- (a) Societies established voluntarily.
- (b) Societies established by compulsion.

An employer of 500 persons or more will establish a health insurance society.

XLIII. Industrial Hygiene

Affairs relating to factory sanitation are under the jurisdiction of the Director of the Sanitary Bureau of the Ministry of Health. In 1910 the Department of Agriculture and Commerce appointed medical experts to report on the sanitary state of factories, and allowed them to have a voice in framing the law, which was promulgated in 1911 and known as the "Factory Law." Medical Inspectors were appointed as permanent sanitary inspectors. In 1922 the enforcement was transferred to the Home Minister and finally to the Ministry of Health.

Under rules respecting industrial hygiene, the Factory Law applies to two varieties of factories, and has as its object the safeguarding of them from dangers attendant upon overcrowding and dangers to which particular industries are liable:

Factories where ten or more hands are regularly employed.

Factories carrying on operations of a dangerous nature, or injurious to health.

RESTRICTED

RESTRICTED

- 125 -

Age limit of factory workers:

A minimum age limit of 14 years has been adopted in conformity with the restrictions of the International Labor Conference.

Limits to working hours:

The maximum working hours for females, and for males below 16 years of age, is 11 hours.

Prohibition of night labor:

The employment of females and of males below 16 years of age is prohibited between 10 p. m. and 5 a. m.

Prohibition of Employment of sick persons.

Pregnant or parturient women:

No limitation has been set regarding the employment of pregnant women. However, women are prohibited from taking up for 5 weeks following childbirths.

Medical attention must be provided for workers becoming ill in the performance of duty.

The various laws for the prevention for disease, such as "The Law for Prevention of Epidemics", "The Law for the Prevention of Tuberculosis and Trachoma", also apply.

Supervision of Industrial Sanitation:

For medical inspections, as the Factory Law is concerned essentially with sanitary affairs and requires the services of medical experts for enforcement, each administrative body charged with the execution of this law has one or more medical inspectors attached to it.

RESTRICTED

RESTRICTED

- 126 -

Present Organizations: The local governor is charged with the supervision of sanitation in factories. They appoint experts who act as sanitary inspectors attached to the central organization. These inspectors inspect the factories at stated intervals, see that the sick absentees are cared for, that the injured are properly attended to, that factory infirmaries are adequately manned by professional help.

XLIV. Red Cross Activities

As a supplement to the Japanese Army, the Japanese Red Cross Society plays a very important part in war time. In its report to the International Red Cross Conference the opening sentence reads "It is already well known to the public that the Japanese Red Cross Society is closely connected with the Army, as is clearly shown by the Society's remarkable activities during the Manchurian Incident and in the post wars through which Japan went."

"The object of the Japanese Red Cross Society, in accordance with the principles of the International Treaties, and in conformity with those of the Red Cross Societies of the Power, is to care for the sick and wounded of both belligerents in time of war and in time of peace, relief service in cases of natural calamity and to carry on activities related to public health for the prevention of disease and to the alleviation of suffering."

The Japanese Red Cross Society originated in the voluntary relief service under the name of "Hakuaisha" and administered to the sick and wounded at the seat of hostilities during the Kagoshima Civil War in 1877. In 1886 the government adopted the name "Japanese Red Cross Society", joined in the

RESTRICTED

24-52821A BCD 1

RESTRICTED

- 127 -

Geneva Convention, and became a member of the International Red Cross Union, and finally in 1919 it affiliated with the League of Red Cross Societies. In 1901, having become a corporate body by Imperial Ordinance, it was required to assist in the health service of the Army and Navy under the supervision of the respective Ministers. The president and vice-president of the Red Cross Society therefore, must be commissioned by the Emperor upon the recommendation of the Ministers of the Army and Navy. The president of the Society is always a prince of the Imperial Family. The general affairs of the Society are administered by ten directors and three auditors who supervise the financial affairs. The headquarters of the society are located in Tokyo and local branches are established in each prefecture. In each branch there is a committee which administers the activities of the Red Cross Society in that prefecture.

In time of war, under the direction of the Ministers of the Army and Navy its activities are carried on by four departments which are directly under The Department of Relief Service and Relief Personnel:

Relief units
Hospital ships
Hospital trains
Relief motor cars or ambulances.

The Relief Personnel consists of managers, medical officers, pharmacists, nurses and attendants. In times of peace the personnel is formed into a reserve and are distributed throughout the Red Cross Hospitals of Japan, and upon the outbreak of war or incidents are immediately mobilized. The trained Red Cross nurses or graduates of Red Cross hospitals now number over 30,000.

RESTRICTED

RESTRICTED

- 128 -

Hospital supplies for relief either in time of war or of natural calamity are always in readiness at the National Headquarters and at the Local Branches.

The Japanese Red Cross Society administered relief to the prisoners of war during the wars with China, Russia and the World War with the Central Powers.

In the anti-tuberculosis campaign the Red Cross has maintained clinics, dispensaries, and sanatoria throughout Japan--clinics for prenatal and post-natal care, infants and childrens health work.

All the local branches provide for courses in hygiene available to the public.

For the training of nurses, schools in the Red Cross Hospitals have been established, and the more promising graduates are sent to the Central Red Cross Hospital in Tokyo, for courses as "head nurses." Midwives are trained in the Central Maternity Hospital in Tokyo, in a course lasting two years. Any Japanese woman may apply for a training in this course.

In times of war the inadequacy of the Medical Corp of the Army is met by the augmentation of Red Cross Relief Units which have been held in reserve during peace time for war time emergency. The Red Cross Hospitals are taken over by the Army, as are the hospital ships and hospital trains and ambulances. The Red Cross therefore becomes an integral part of the Army.

RESTRICTED

RESTRICTED

- 129 -

Since in peace most Red Cross trained nurses seek work outside of Red Cross Hospitals, it becomes necessary to hold periodic mobilizations. These mobilizations are roll calls, and take place every three years, and last three days, and are usually carried out in connection with manoeuvres of the Medical Corps of the Army or Navy. At these times all of the Red Cross Hospitals of Japan, numbering 28, surgeons, nurses and pharmacists of the reserve, conduct relief work in a mock battle or imaginary disaster. These last usually for a period of ten days, during which time the entire personnel is administered by the Army or Navy.

RESTRICTED

- 131 -

Page

Appendices

A. Tables

Table I. Number of Deaths Caused by Disease in Japan Proper in 1938	133
Table II. Municipal Hospitals, Convalescent Homes, Clinics, and Health Advice Offices	169
Table III. Notifiable Infectious Diseases	175
Table IV. Number of Water Works	176
Table V. List of Approved Biologicals	178
Table VI & VII. Number of Officials in Department of Health and Sanitation	179
Table VIII. Administration of School Hygiene	181
Table IX. Ministry of Public Health and Welfare	182

B. Maps

Cholera	183
Dengue	184
Filariasis	185
Malaria	186
Plague	187
Schistosomiasis	188
Tetanus	189
Typhus Fever	190

C. A Method of Obtaining a Japanese Medical History Outline	191
--	-----

List of References	215
--------------------	-----

RESTRICTED

24-02621 ABCD

Table I. Number of Deaths Caused by Disease in Japan Proper in 1938.

	Entire Country	Rate per 1,000 kaido	Aomori	Iwate	Miyagi	Akita	Yama- gata	Fuku- shima	Ibar- aki	Tochigi
Population	72,222,700									
Total Deaths	1,259,805	1.000	52,077	19,415	21,575	20,826	19,580	20,673	28,549	29,725
Epidemic, Infectious & Parasitic Diseases,	229,708	182.3	11,314	2,897	2,710	3,274	2,434	2,371	3,784	5,711
(1 - 44)										2,873
1. Intestinal typhoid fever	7,819	6.2	203	94	221	289	111	98	200	103
2. Paratyphoid fever	297	0.2	12	7	5	4	3	5	7	9
3. Exanthematous typhus fever	-	-	-	-	-	-	-	-	-	-
4. Relapsing fever	2	0.0	-	-	-	-	-	-	-	-
5. Undulating fever	1	0.0	-	-	-	-	-	-	-	-
6. Smallpox	6	0.0	-	-	-	-	-	-	-	-
7. Measles	4,997	4.0	294	108	157	152	65	100	202	91
8. Scarlet fever	398	0.3	34	10	7	9	4	1	5	6
9. Whooping cough	8,871	7.0	481	121	154	213	90	145	224	179
10. Diphtheria	4,135	3.3	321	121	128	91	121	63	124	62
11. Influenza	7,646	6.1	214	63	82	51	50	69	62	101
12. Cholera	10	0.0	-	-	-	-	-	-	1	-
13. a. Dysentery	5,550	4.4	14	9	37	21	4	4	11	86
b. Etkiri	16,416	13.0	47	12	73	43	23	25	174	581
14. Pestis-plague	-	-	-	-	-	-	-	-	-	-
15. Erysipelas	3,409	2.7	151	39	42	66	45	53	81	52
16. Cerebrospinal meningitis	715	0.6	28	14	12	16	7	7	17	11
17. Sleeping sickness	1,088	0.9	-	3	9	8	31	34	11	5
18. Cerebrospinal meningitis	580	0.5	58	17	4	2	6	5	11	3
19. Furunculosis	-	-	-	-	-	-	-	-	-	-
20. Carbuncle	10	0.0	-	-	1	-	-	1	-	1
21. Rabies	3	0.0	-	-	-	-	-	-	-	-
22. Tetanus	1,775	1.4	16	22	13	20	21	10	16	169

RESTRICTED

	Entire Country	Rate per 1,000	Ho- kaido	Aomori	Iwate	Miyagi	Akita	Yamagata	Fukushima	Ibaraki	Tochigi
23. Tuberculosis of Respiratory organs (a) Lungs	104,995	83.3	5,871	1,343	980	1,238	1,052	1,019	1,498	1,291	1,163
(b) Throat	2,081	1.7	121	29	24	41	25	29	42	29	35
(c) Others	366	0.3	28	6	1	4	1	1	2	2	2
24. Tuberculosis of Meningen and central nervous system	8,734	6.9	850	130	95	162	87	63	126	53	57
25. Tuberculosis of Intestines & Peritoneum	26,395	21.0	1,201	331	299	344	246	301	489	373	343
26. Tuberculosis of spinal column	2,770	2.2	271	59	60	56	40	42	86	51	42
27. Tuberculosis of bones and joints	655	0.5	60	13	12	13	19	10	20	10	7
28. Tuberculosis of skin & subcutaneous tissues	32	0.0	1	-	-	-	-	-	2	1	-
29. Tuberculosis of lymphatic glands (excluding those about the bronchial tubes, intestines and retroperitoneum).	333	0.3	14	1	5	4	5	5	1	5	2
30. Tuberculosis of the genitals	1,503	1.2	194	29	38	38	32	26	38	14	14
31. Tuberculosis of other organs	63	0.0	5	-	1	4	2	-	-	-	2
32. Tuberculosis of miliary type	900	0.7	138	31	9	16	15	7	13	5	2
33. Leprosy	337	0.3	4	21	11	3	11	4	2	4	6
34. Syphilis	4,412	3.5	275	79	50	98	126	80	95	121	76
35. Soft chancre	47	0.0	4	1	1	2	2	-	-	1	-
36. Sepsis (except puerperal sepsis)	9,203	7.3	363	161	148	221	156	142	183	174	110
37. Yellow fever	-	-	-	-	-	-	-	-	-	-	-
38. Malaria	207	0.2	-	-	-	1	-	-	-	-	-
39. Other diseases due to protozoa, helminths and hemorrhagic jaundice due to spirochaete	1,545	1.2	6	3	3	23	7	8	12	49	29
40. Bacterial diseases of the duodenum	280	0.2	4	-	2	3	1	1	5	8	6
41. Amoebic cyst of the liver	4	0.0	-	-	-	-	-	-	-	-	-

RESTRICTED

- 135 -

Entire Country	Rate per 1,000 kaido	Aomori	Iwate	Miyagi	Akita	Yamagata	Fukushima	Ibaraki	Tochigi
42. Other diseases of helminths (a)Round worm	277	14	5	5	7	3	8	2	-
(b)Distoma of liver-fluke-trematode	14	-	-	1	-	-	-	1	-
(c)Distoma of lungs	21	-	-	-	-	-	-	-	1
(d)Animal that sucks blood (indigenous to Japan)	37	-	-	-	-	-	-	-	-
(e)Filariasis	129	-	-	-	-	-	-	-	-
(f)Tape worm	2	-	-	-	-	-	-	-	-
(g)Miscellaneous	13	-	-	1	-	1	1	-	-
43. Mycosis	418	15	14	10	10	5	14	18	9
44. Other epidemic or parasitic diseases (a)Epidemic lymphadenitis, subclavian	58	-	1	-	-	-	1	2	-
(b)Tsutsugamushi	39	-	-	-	8	-	-	-	-
(c)Others	110	2	6	1	1	4	-	2	4
Tumors (44 - 55)									
45. Cancer of throat, mouth and other malignancies of the throat	820	38	10	15	11	17	20	25	7
46. Cancer and other malignancies of the digestive tract and peritoneum.									
(a)Oesophagus	2,606	75	22	46	15	33	59	61	48
(b)Stomach & Duodenum	24,752	840	223	448	371	473	559	632	470
(c)Small & large intestines	1,705	53	14	29	15	24	32	60	35
(d)Liver & gall bladder	5,749	180	58	117	48	88	130	197	117
(e)Pancreas	212	7	1	1	-	4	1	4	1
(f)Peritoneum	426	18	5	9	9	7	8	8	14
(g)Miscellaneous	1,333	47	14	30	19	27	21	46	14
47. Cancer and other malignancies of the respiratory organs	1,456	50	23	23	17	21	32	37	34
48. Cancer and other malignancies of the female reproductive organs	239	6	3	4	1	3	3	7	-
49. Cancer and other malignancies of the female organs	7,145	240	100	131	93	97	175	186	131
50. Cancer and other malignancies of the breast	919	41	21	13	8	12	18	16	9

RESTRICTED

- 136 -

	Entire Country	Rate per 1,000	Ho- kaido	Aomori	Iwate	Miyagi	Akita	Yama- gata	Fuku- shima	Ibar- aki	Tochigi
51. Cancer of male urethra and genital organs	401	0.3	10	3	2	13	1	3	5	10	3
52. Cancer of the skin	457	0.3	12	3	10	9	2	3	6	14	7
53. Cancer of other miscellaneous organs	2,228	1.8	83	35	37	41	34	37	53	52	45
54. Tumors of female organs	1,000	0.8	54	13	13	16	23	15	15	17	15
55. Growths, undetermined as to malignancy, of female organs	2,032	1.6	92	27	28	33	26	33	35	43	28
56.-59.: Constitutional diseases affecting the body as a whole.											
56. Acute rheumatism of the joints	614	0.5	22	4	8	8	4	5	14	18	14
57. Chronic rheumatism and inflammation of the joints	1,139	0.9	27	8	11	18	15	11	23	20	18
58. Arthritis	15	0.0	6	1	-	-	-	1	-	-	-
59. Diabetes	3,043	2.4	94	38	30	32	30	29	23	57	43
60. Scurvy	199	0.1	10	1	-	-	4	3	3	12	6
61. Beri-beri	12,712	10.1	461	340	145	169	122	108	107	130	106
62. Pelagra	25	0.0	4	3	-	-	-	-	-	-	-
63. Diseases of the spine causing kyphosis	149	0.1	30	1	7	4	5	1	4	1	-
64. Osteomalacia	28	0.0	2	2	1	1	-	-	1	2	-
65. Disease of pituitary gland	8	0.0	1	-	-	-	-	1	-	-	-
66. Disease of thyroid and parathyroid (a) Exophthalmic goitre	322	0.3	12	4	4	1	8	2	3	7	5
(b) Tetany	45	0.0	4	6	-	-	-	1	-	6	1
(c) Others	97	0.1	4	2	-	2	3	4	1	2	1
67. Disease of thymus	108	0.1	8	2	8	1	3	-	4	3	1
68.											
69. Other miscellaneous diseases	2,497	2.0	62	18	38	7	13	13	27	31	11
70. - 74.: Diseases of blood and blood-forming organs.											
70. Purpure Hemorrhagica	928	0.7	31	16	21	14	11	11	24	24	17
71. Anemia	843	0.7	28	5	14	8	20	12	19	16	13
72. Leukemia	911	0.7	32	11	18	19	14	16	21	27	21

RESTRICTED

- 137 -

	Entire Country	Rate per 1,000	Ho- Kaido	Aomori	Iwate	Miyagi	Akita	Yama- gata	Fuku- shima	Ibar- aki	Tochigi
73. Diseases of the spleen	246	0.2	1	3	5	2	3	2	5	5	2
74. Other diseases of blood and blood-forming organs	16	0.0	1	-	-	-	-	-	-	-	-
(75 - 77: Alcoholism and chronic toxicosis)											
75. Alcoholism	257	0.2	11	-	5	2	4	1	5	6	1
76. Toxic conditions brought about by occupation contacts	50	0.1	1	1	-	-	-	-	1	2	1
77. Toxic conditions brought about by intangible occupational contacts	13	0.0	-	-	-	-	-	-	-	-	-
(78 - 89: Diseases of nerves and sensory organs)											
78. Inflammation of the brain	4,861	3.8	139	51	78	62	76	92	122	133	83
79. Meningitis, other than tuberculous meningitis	36,748	29.2	2,107	636	634	657	498	533	1,096	880	672
80. Locomotor ataxia - tabes dorsalis	1,029	0.8	45	11	15	15	25	26	26	31	9
81. Other diseases of this type	2,415	1.9	96	48	47	33	26	32	62	71	42
82. Hemiplegia: cerebral hemorrhage, thrombosis and embolism,											
a) Cerebral hemorrhage	123,598	98.1	3,660	1,806	2,586	2,310	3,134	2,692	3,442	3,384	2,431
b) Thrombosis & embolism	3,183	2.5	103	48	35	92	57	92	102	79	72
c) Unknown types	80	0.1	2	2	2	1	-	-	5	2	-
83. Dementia											
Paralytica	2,926	2.3	108	34	25	49	26	49	43	57	47
84. Dementia Praecox	4,107	3.3	129	35	27	58	42	87	56	89	69
85. Epilepsy	1,264	1.0	43	5	26	29	39	21	44	44	40
86. Epilepsy of children	3,159	2.5	331	255	77	30	254	17	24	57	58
87. Other diseases											
(a) Chorea	70	0.1	4	1	2	2	1	1	2	3	2
(b) Inflammation of nerves	559	0.4	16	5	8	12	9	11	9	9	18
(c) Others	2,091	1.7	60	28	22	28	57	51	39	58	26
88. Diseases of the eye and appendages	74	0.1	2	1	3	4	1	2	3	4	3

RESTRICTED

- 138 -

Entire Country	Rate per 1,000 keido	Aomori	Iwate	Miyagi	Akita	Yama- gata	Fuku- shima	Ibar- aki	Tochigi
89. Diseases of the Ear	501	7	11	5	5	6	9	10	10
(90 - 103: Diseases of the circulatory system.)									
90. Pericarditis	888	8	14	18	17	7	17	28	16
91. Acute endocarditis	618	15	6	18	5	8	14	21	6
92. Chronic endocar- ditis and valvular disease	24,744	271	397	394	364	408	549	497	398
93. Diseases of myocardium including aneurism	3,288	47	60	82	36	49	82	76	44
94. Diseases of coronary artery: angina pectoris	6,039	48	53	86	64	98	105	164	127
95. Other diseases of the heart	11,884	128	192	200	184	262	329	383	267
96. Aneurisms other than that of the heart	382	3	2	4	8	5	8	5	5
97. Arterio sclerosis except of the coronary arteries	5,100	35	82	75	61	64	84	122	51
98. Aneurism of the aorta	422	7	6	11	3	11	13	3	5
99. Other diseases of the arteries	106	-	1	3	2	5	4	3	1
100. Diseases of the veins	89	-	1	-	1	3	1	-	1
101. Diseases of the lymphatic vessels	350	9	9	6	5	10	14	7	6
102. Disturbances of blood pressure	338	9	8	10	10	7	7	6	2
103. Other miscellaneous diseases of the circulatory system	574	2	7	12	5	8	12	12	13
104. - 114.: Diseases of the respiratory organs.									
104. Diseases of the nose and adnexa	97	2	6	2	4	4	2	1	-
105. Diseases of the throat	722	12	9	9	8	9	13	14	14
106. Bronchitis (a)Acute	5,288	145	145	69	67	78	124	143	49
(b)Chronic	11,515	191	165	160	123	151	270	236	229
(c)Unclassified	9,375	149	169	106	89	203	186	238	235

[illegible]

RESTRICTED

- 140 -

Entire Country	Rate per 1,000	Ho-kaido	Aomori	Iwate	Miyagi	Akita	Yamagata	Fukushima	Ibaraki	Tochigi	
129. Peritonitis due to unknown causes	20,384	16.2	1,013	261	279	286	254	238	371	359	284
130. - 139.: Diseases of the genito-urinary system.											
130. Acute nephritis	11,222	8.9	431	175	173	224	207	231	274	281	202
131. Chronic nephritis	29,590	23.5	784	396	524	524	471	507	512	778	441
132. Unclassifiable nephritis, acute or chronic	21,184	16.8	608	257	312	284	284	383	396	442	326
133. Other diseases of the renal pelvis and urethra except those due to pregnancy.	3,477	2.8	162	56	32	43	61	51	70	35	
134. Calculi of urinary passages	172	0.1	5	4	1	2	5	1	3	-	1
135. Diseases of the bladder other than tumors	1,268	1.0	76	16	34	24	15	21	28	29	20
136. Diseases of the urethra	160	0.1	9	1	5	1	2	2	3	3	-
137. Diseases of the prostate gland	101	0.1	3	2	1	-	-	-	-	-	-
138. Diseases of the male genital organs other than venereal diseases.	58	0.1	3	1	1	1	-	-	1	-	2
139. Diseases of the female genital organs other than venereal diseases.	596	0.5	26	14	16	7	9	12	16	17	12
(140 - 150: Diseases of childbirth and pregnancy)											
140. Abortions accompanying puerperal sepsis	30	0.0	-	1	-	-	-	-	-	1	1
141. Abortions not accompanying puerperal sepsis	181	0.2	13	4	3	2	7	3	7	5	6
142. Extra-uterine pregnancy	243	0.2	10	1	6	4	6	6	5	4	-
143. Other accidents in pregnancy	15	0.0	1	2	-	-	1	1	-	-	-
144. Hemorrhage accompanying birth	1,186	1.0	76	11	20	25	19	23	39	25	26
145. Puerperal sepsis	1,021	0.8	57	25	36	15	34	12	25	26	14
146. Toxemia of pregnancy & convulsions	1,401	1.1	61	20	27	16	16	18	31	28	20
147. Other toxic conditions during pregnancy	205	0.2	5	4	3	-	5	4	3	3	5

RESTRICTED

- 141 -

Entire Country	Rate per 1,000	Ho-kaido	Aomori	Iwate	Miyagi	Akita	Yamagata	Fukushima	Ibaraki	Tochigi
148. Sudden death due to childbirth	14	0.0	-	-	-	-	-	1	-	-
149. Complications arising from other causes during birth	556	0.4	51	4	16	13	11	9	16	10
150. Miscellaneous conditions due to childbirth	25	0.0	2	-	-	-	1	-	-	-
151. - 153.: Diseases of the skin and subcutaneous tissues.										
151. Furunculosis	647	0.5	25	8	5	6	12	4	6	11
152. Urticaria	1,854	1.5	74	35	34	24	23	20	44	34
153. Other conditions (154 - 156: Miscellaneous conditions of the bones and skeletal structure.)	630	0.5	27	6	10	8	8	8	11	9
154. Acute inflammation of bones and marrow of contagious character	10	0.0	-	-	-	2	-	-	1	-
155. Other diseases of the bone including tuberculosis	897	0.7	33	11	9	8	15	15	24	16
156. Diseases of articulations excluding tuberculosis										
157. Congenital malformations	3,916	3.1	199	66	66	64	73	79	108	54
158. Congenital weakness of infants less than one year of age.	60,568	48.1	2,339	1,525	1,515	1,291	1,685	1,343	1,659	900
159. Premature births	5,410	4.3	252	81	122	111	138	130	96	56
160. Injury at birth and death within three months of birth.	381	0.3	19	4	9	6	7	13	4	2
161. Death from other causes within three months of birth.	8,971	7.1	359	134	196	112	185	164	180	136
162. Senility (163 - 198: Deaths due to other causes.)	98,772	78.4	2,574	1,214	1,511	1,412	1,282	1,443	2,380	1,545
163. Suicide by poisoning	2,408	1.9	110	29	27	21	27	26	48	46
164. Suicide by toxic gases	74	0.1	2	-	-	-	-	-	1	-
165. Suicide by chemicals	5,884	4.7	206	66	106	71	119	144	110	115
166. Suicide by drowning	2,095	1.7	59	13	19	19	15	23	23	53
167. Suicide by pistol	62	0.0	1	-	-	-	-	1	2	1
168. Suicide by knife	440	0.4	25	3	3	8	4	8	7	5

RESTRICTED

- 142 -

Entire Country	Rate per 1,000	Ho- kaido	Aomori	Iwate	Miyagi	Akita	Yama- gata	Fuku- shima	Iber- aki	Tochigi
169. Suicide by jumping off high places	77	0.1	4	1	-	1	-	-	2	-
170. Suicide by being run over by a train	1,020	0.8	33	6	13	12	13	26	12	19
171. Other suicides	163	0.1	10	-	1	4	5	7	1	2
172. Infanticide	43	0.0	2	1	1	-	1	2	2	1
173. Murder by shooting	41	0.0	-	1	-	-	-	-	-	-
174. Murder by knife	105	0.1	6	1	-	-	-	2	6	7
175. Other murders	246	0.2	8	1	11	2	3	2	7	2
176. Toxemia by poisonous food	107	0.1	2	1	1	1	-	1	-	-
177. Toxemia by spoiled food	272	0.2	4	1	3	2	1	3	7	5
178. Toxic conditions by accidental poisonous gases	363	0.3	151	5	3	-	3	6	1	1
179. Toxic conditions by unknown accidental causes	1,106	0.9	48	12	8	17	19	11	24	9
180. Death by fires	421	0.3	64	10	10	13	2	18	11	5
181. Death from wounds from fires	2,774	2.2	151	35	66	63	42	111	74	76
182. Accidental suffocation	1,384	1.1	130	13	16	26	30	53	34	27
183. Accidental drowning	10,505	8.3	618	183	193	196	222	268	267	168
184. Accidental shooting	56	0.0	5	1	1	-	1	-	1	-
185. Accidental stabbing	293	0.2	7	1	2	1	2	3	5	2
186. Accidental falling, being run over, or by landslides	4,020	3.2	235	24	66	59	58	122	80	104
187. Natural calamity such as earthquakes	-	-	-	-	-	-	-	-	-	-
188. Accidentally killed by animals	55	0.0	11	-	1	-	1	-	-	2
189. Starvation	87	0.1	8	1	1	1	4	3	1	1
190. Freezing	488	0.4	59	10	11	17	9	17	18	11

	Entire Country	Rate per 1,000	Ho- kaido	Aomori	Iwate	Miyagi	Akita	Yama- gata	Fuku- shima	Ibaraki	Tochigi
191. Heat prostration	205	0.2	3	1	7	1	5	5	1	12	18
192. Lightning	24	0.0	-	-	1	-	2	2	-	-	-
193. Other electrical causes	456	0.4	16	6	7	3	10	4	12	11	2
194. Other accidental causes	8,924	7.1	615	113	157	92	115	104	211	125	81
195. Suicides, murders, accidents: unknown causes.	96	0.1	4	3	-	1	2	1	2	1	1
196. Military casualties	-	-	-	-	-	-	-	-	-	-	-
197. Execution of civilians by armed forces.	-	-	-	-	-	-	-	-	-	-	-
198. Executions	16	0.0	1	-	-	-	-	-	-	-	-
199. Sudden death due to unknown causes.	28	0.0	2	-	-	-	-	1	1	-	-
200. Death due to causes undeterminable at autopsy.	36,255	28.8	1,585	659	834	509	570	590	968	889	586

RESTRICTED

- 143 -

RESTRICTED

- 144 -

Disease No.	Gumma	Sai-temma	Chiba	Tokio	Kana-gawa	Nigata	Toyama	Ishi-kawa	Fukui	Yamanashi	Nagano	Gifu
Total												
Deaths	22,465	31,027	31,697	94,202	30,776	38,299	18,487	18,168	14,722	11,330	28,532	25,099
Epidemic, 3,642	4,496	4,302	4,302	27,182	7,052	5,360	2,781	3,201	1,939	1,522	3,877	4,319
Infectious and Parasitic Diseases, (1 - 44).												
1.	130	139	143	503	205	195	201	135	30	42	105	110
2.	12	15	2	29	6	10	-	8	5	8	4	6
3.	-	-	-	-	-	-	-	-	-	-	-	-
4.	-	-	-	-	-	-	1	-	-	-	-	-
5.	-	-	-	-	-	-	-	-	-	-	-	-
6.	-	-	-	-	-	-	-	-	-	-	-	-
7.	11	90	66	163	82	108	13	48	24	66	39	63
8.	8	14	4	116	22	4	-	-	-	5	9	10
9.	175	215	198	1,228	352	192	177	41	39	89	181	162
10.	107	81	68	469	143	124	7	35	12	45	134	71
11.	141	262	275	871	193	233	106	81	59	77	208	141
12.	-	-	-	-	-	-	-	-	-	-	-	-
13a.	82	172	149	1,526	272	19	4	4	8	14	22	60
b.	379	631	502	2,928	558	90	18	19	23	44	62	444
14.	-	-	-	-	-	-	-	-	-	-	-	-
15.	66	83	78	243	86	92	35	24	34	44	72	67
16.	9	16	18	56	29	11	12	7	9	5	19	20
17.	10	9	14	128	31	39	12	12	-	8	8	7
18.	2	2	2	49	14	1	4	3	2	1	1	2
19.	-	-	-	-	-	-	-	-	-	-	-	-
20.	-	-	-	-	-	-	-	-	-	-	-	-
21.	-	-	-	1	-	-	-	-	-	-	-	-
22.	71	63	185	62	38	21	16	14	4	30	36	27
23a.	1,505	1,593	1,484	12,837	3,468	2,628	1,331	1,647	1,102	492	1,661	2,010
b.	31	26	22	160	38	54	14	21	19	14	32	55
c.	3	11	5	52	7	13	6	1	2	2	5	5
24.	83	78	93	1,384	321	156	80	119	40	28	195	148
25.	480	589	434	2,625	663	700	509	717	346	208	577	561

RESTRICTED

- 145 -

Disease No.	Gumma	Saitama	Chiba	Tokio	Kanagawa	Niigata	Toyama	Ishikawa	Fukui	Yamanashi	Nagano	Gifu
26.	28	63	39	202	53	89	40	43	27	38	87	51
27.	16	16	13	43	16	25	3	9	8	9	19	19
28.	-	1	-	2	1	-	-	1	-	-	-	-
29.	6	1	8	14	4	20	4	2	2	2	4	14
30.	23	28	20	188	37	52	29	35	14	15	41	35
31.	-	1	-	6	-	3	4	3	1	4	1	1
32.	7	7	19	153	32	11	10	8	5	1	7	18
33.	5	3	3	3	2	3	-	4	4	2	2	12
34.	71	75	145	308	115	86	27	21	17	42	64	51
35.	-	2	2	2	1	-	-	-	-	1	1	1
36.	127	152	197	598	239	282	104	119	93	115	249	112
37.	-	-	-	-	-	-	-	-	-	-	-	-
38.	1	-	1	3	-	-	-	-	1	-	1	-
39.	26	35	71	195	35	25	6	6	3	17	4	5
40.	3	4	9	6	4	7	5	3	1	11	7	3
41.	-	-	-	-	-	-	-	-	-	-	-	-
42a.	-	5	7	4	3	10	-	1	2	3	2	4
b.	-	-	2	-	-	1	-	-	-	1	-	-
c.	-	-	-	3	-	-	-	-	-	-	-	-
d.	-	-	-	-	-	-	-	-	-	33	-	-
e.	-	-	-	2	-	1	-	-	-	4	-	1
f.	-	-	-	-	-	-	-	-	-	-	-	-
g.	1	-	-	-	-	1	-	-	-	-	-	2
43.	8	12	21	13	9	10	4	8	5	-	11	16
44a.	2	1	2	3	1	4	-	2	-	2	1	2
b.	-	-	-	-	-	31	-	2	-	-	-	-
c.	3	1	1	4	2	9	3	-	-	2	6	3

RESTRICTED

- 146 -

Disease No.	Gumma	Sai- tenma	Chiba	Tokio	Kana- gawa	Nigata	Toyama	Ishi- kawa	Fukui	Yam- anashi	Nagano	Gifu
45.	11	15	10	73	16	14	4	7	6	7	17	16
46a.	64	92	59	238	62	69	16	19	9	30	80	30
b.	533	713	730	1,985	676	992	369	354	230	261	714	440
c.	26	31	37	171	32	48	9	20	19	16	56	28
d.	109	182	129	434	129	234	45	51	53	100	171	80
e.	2	3	7	26	7	4	2	4	1	2	7	2
f.	3	9	10	47	9	17	3	5	6	4	19	7
g.	23	21	32	91	29	38	18	16	11	21	69	24
47.	31	33	39	174	30	47	19	10	9	9	33	12
48.	5	8	7	23	7	13	3	4	1	3	3	2
49.	112	172	204	501	168	152	86	64	56	50	168	116
50.	19	22	16	78	25	29	9	13	7	5	25	7
51.	12	7	14	31	5	9	6	4	6	1	5	9
52.	7	5	8	25	13	15	5	9	3	3	14	6
53.	29	37	60	188	46	68	20	29	23	26	51	45
54.	9	10	22	84	29	38	13	8	10	10	25	19
55.	26	28	49	237	44	55	20	21	15	11	62	30
56.	9	20	13	31	13	18	6	6	9	10	13	7
57.	25	35	31	49	11	45	23	14	16	21	24	21
58.	-	-	-	1	-	-	-	-	-	-	-	1
59.	30	54	77	208	56	88	47	56	31	23	54	58
60.	5	4	4	11	6	9	3	3	4	2	4	6
61.	88	147	457	998	314	371	178	203	147	35	66	203
62.	-	3	-	-	-	5	-	-	-	-	1	-
63.	1	-	2	4	1	6	10	25	2	1	-	4
64.	1	-	1	1	-	-	-	4	1	-	1	-
65.	-	-	-	2	-	-	-	-	-	-	1	1
66a.	4	1	10	55	9	6	2	3	2	2	9	3
b.	2	4	1	1	-	1	-	1	-	1	1	1
c.	-	1	-	4	2	3	4	1	3	-	1	2

RESTRICTED

- 147 -

Disease No.	Gumma	Sai-tamma	Chiba	Tokio	Kana-gawa	Niigata	Toyama	Ishi-kawa	Fukui	Yamanashi	Nagano	Gifu
67.	1	-	5	4	4	6	4	-	1	2	3	3
68.												
69.	41	31	57	132	129	30	7	7	4	23	36	22
70.	14	20	22	61	25	26	11	6	7	13	25	15
71.	7	11	27	63	11	28	13	5	7	16	19	11
72.	6	18	19	79	24	32	6	19	2	16	27	4
73.	-	8	3	18	5	8	1	4	2	3	4	4
74.	-	-	-	2	2	2	1	-	-	-	-	-
75.	1	4	3	31	14	2	1	2	1	1	4	3
76.	-	2	-	4	-	1	1	-	1	1	3	1
77.	-	-	1	3	-	-	-	1	-	-	-	2
78.	87	108	121	271	72	236	91	79	60	42	108	96
79.	586	1,018	1,116	1,938	936	1,295	512	673	568	319	702	975
80.	19	25	33	95	37	28	9	18	14	7	29	16
81.	41	65	86	133	51	59	29	36	20	28	79	35
82a.	2,287	2,165	3,482	9,255	3,005	4,647	1,613	1,527	1,060	1,167	3,822	2,142
b.	49	74	87	288	82	99	29	30	20	25	83	58
c.	1	2	1	6	1	-	1	2	1	-	1	-
83.	44	103	72	444	106	62	30	46	27	22	44	52
84.	65	142	117	483	149	105	58	47	32	24	134	98
85.	26	42	30	87	25	19	11	20	7	18	27	34
86.	18	30	80	19	15	90	581	374	73	20	57	34
87a.	2	-	1	6	-	1	1	1	-	1	3	3
b.	5	17	17	24	5	17	12	10	12	4	14	10
c.	35	67	49	99	36	63	36	31	33	18	76	39
88.	1	2	3	5	1	1	1	3	-	2	1	2
89.	5	8	11	42	10	11	9	7	7	11	6	9
90.	8	23	27	96	28	20	13	13	9	4	21	12
91.	15	9	25	32	9	20	14	15	12	5	12	11
92.	476	518	739	1,644	546	725	396	371	318	285	709	543
93.	37	70	151	203	70	86	52	69	47	35	71	76
94.	120	160	168	711	211	148	71	70	49	58	174	81

RESTRICTED

- 148 -

Disease No.	Gumma	Sai-tamma	Chiba	Tokio	Kana-gawa	Nigata	Toyama	Ishi-kawa	Fukui	Yamanashi	Nagano	Gifu
95.	287	339	382	958	268	350	169	152	108	109	312	240
96.	4	3	4	48	14	7	3	7	2	3	8	4
97.	67	133	189	370	71	333	104	493	79	43	152	94
98.	3	7	11	19	8	13	3	2	2	6	7	11
99.	3	3	3	6	5	2	-	2	1	2	2	-
100.	-	2	2	4	2	-	-	1	3	-	4	1
101.	3	10	8	11	6	5	7	7	5	3	10	6
102.	2	8	12	21	10	13	3	2	5	1	2	9
103.	3	18	13	15	11	11	5	3	7	7	8	8
104.	3	1	7	3	-	4	-	-	-	1	3	3
105.	23	17	20	20	9	12	4	12	7	9	9	16
106a.	109	165	139	162	87	222	83	68	111	67	138	189
b.	237	456	336	563	242	409	137	152	173	170	231	240
c.	149	265	246	444	147	351	191	93	223	100	141	294
107.	709	967	901	3,263	889	1,032	560	548	365	376	780	647
108.	854	1,194	1,203	4,624	1,569	1,489	902	854	717	561	1,471	1,020
109.	528	497	678	2,207	617	571	337	191	221	152	259	392
110.	352	412	545	1,683	538	466	464	396	323	170	464	340
111.	19	22	54	149	43	48	10	30	16	16	30	11
112.	217	293	239	699	223	282	69	120	106	93	185	192
113.	20	20	22	83	31	23	7	6	8	19	30	22
114.	58	39	60	289	63	128	67	76	60	29	63	44
115.	48	46	42	72	43	82	32	38	19	28	33	58
116.	12	21	10	46	13	9	4	4	3	14	20	6
117.	237	330	408	1,115	377	382	194	187	121	154	336	213
118.	390	638	419	584	316	507	314	350	322	158	330	357
119.	1,118	1,471	1,137	2,349	1,043	2,634	1,502	1,000	1,044	617	1,217	1,317
120.	1,892	2,620	1,431	1,443	965	2,552	1,132	767	1,030	715	1,540	1,472
121.	38	33	61	294	80	88	47	35	28	30	40	45
122.	71	129	134	461	129	185	63	64	63	68	111	91
123.	12	17	25	47	13	16	17	15	14	10	22	13
124.	79	98	75	268	99	122	47	59	57	66	55	69

RESTRICTED

- 149 -

Disease No.	Gumma	Sai-tamma	Chiba	Tokio	Kana-gawa	Nigata	Toyama	Ishi-kawa	Fukui	Yamanashi	Nagano	Gifu
125.	49	62	58	184	62	84	33	42	40	34	68	77
126.	32	41	50	128	35	70	17	16	21	22	54	25
127.	38	39	44	155	61	57	21	34	22	14	43	41
128.												
129.	316	381	424	1,359	409	562	467	437	421	162	317	488
130.	239	282	258	771	297	345	181	164	102	131	219	178
131.	426	899	897	2,997	892	1,024	410	324	276	310	803	322
132.	313	411	451	1,938	583	597	297	191	284	153	389	392
133.	44	68	60	285	78	107	55	53	60	39	57	52
134.	2	-	6	14	-	6	2	2	1	1	3	1
135.	18	20	21	52	26	24	14	22	14	10	35	21
136.	2	6	2	12	1	6	1	-	-	3	1	5
137.	3	5	4	12	4	3	1	1	1	-	5	-
138.	-	2	1	2	1	2	-	-	-	2	-	1
139.	9	16	12	16	6	6	6	9	9	7	9	20
140.	4	-	-	-	1	2	-	-	-	1	-	1
141.	4	3	4	8	2	4	2	3	1	3	3	5
142.	4	5	5	25	4	2	2	4	1	1	5	2
143.	1	-	1	3	-	-	-	-	-	-	-	-
144.	32	31	21	107	42	40	14	11	3	21	32	14
145.	26	27	21	75	14	23	15	9	12	14	18	19
146.	25	33	33	166	45	33	19	25	5	9	27	22
147.	1	5	6	19	4	-	1	2	1	1	1	5
148.	-	-	1	1	-	-	1	-	2	-	-	2
149.	5	13	20	21	5	18	4	6	1	11	12	6
150.	-	1	-	4	1	-	2	-	-	1	-	-
151.	7	10	17	65	9	19	6	5	6	2	13	10
152.	33	34	43	118	40	62	30	26	25	13	35	28
153.	7	7	16	34	12	34	4	7	7	9	12	10
154.	-	-	-	1	-	-	-	-	-	-	-	-
155.	19	22	27	68	11	32	18	18	12	12	39	23

RESTRICTED

- 150 -

Disease No.	Gumma	Sai-tamma	Chiba	Tokio	Kana-gawa	Nigata	Toyama	Ishi-kawa	Fukui	Yamanashi	Nagano	Gifu
156.	14	14	16	41	17	16	14	9	17	15	25	20
157.	69	95	154	338	97	120	39	60	27	34	96	65
158.	939	1,627	1,367	3,480	1,195	1,317	768	840	853	417	1,157	1,447
159.	86	145	239	453	124	179	108	77	63	22	75	143
160.	7	9	14	25	5	24	4	2	5	-	8	10
161.	133	336	407	504	190	164	69	93	76	80	183	173
162.	1,698	2,283	3,356	4,338	1,969	2,646	996	1,464	1,226	938	2,749	2,318
163.	48	55	48	579	111	58	21	22	7	33	63	43
164.	-	2	-	27	7	-	-	-	-	-	-	-
165.	116	152	120	247	158	319	67	69	73	55	199	181
166.	44	48	55	181	63	94	23	28	9	31	62	53
167.	1	-	2	7	1	2	-	-	-	-	2	1
168.	5	9	8	41	10	6	3	6	5	4	23	11
169.	4	3	-	19	2	-	-	2	-	-	6	3
170.	17	47	41	104	53	20	11	9	11	10	51	15
171.	-	1	3	16	6	2	1	1	1	2	6	4
172.	-	1	4	3	1	3	-	-	-	2	-	-
173.	-	1	-	1	-	-	-	1	-	-	-	-
174.	-	-	6	2	4	1	-	1	-	2	5	1
175.	1	12	10	26	10	5	-	6	-	4	4	6
176.	-	-	2	1	1	1	2	1	2	-	3	-
177.	1	1	10	15	6	10	-	1	-	2	1	4
178.	-	1	3	24	13	3	1	1	1	-	3	3
179.	26	22	22	147	40	20	7	8	9	9	23	11
180.	8	7	12	31	11	16	9	9	5	4	11	9

Disease No.	Gumma	Sai-tamma	Chiba	Tokio	Kana-gawa	Nigata	Toyama	Ishi-kawa	Fukui	Yamanashi	Nagano	Gifu
181.	87	60	65	190	75	104	35	28	22	26	62	38
182.	21	20	26	78	29	91	12	16	11	9	32	14
183.	157	229	308	340	224	361	184	103	91	92	248	212
184.	-	-	1	5	-	1	3	1	1	-	1	-
185.	2	5	7	37	5	2	6	2	2	1	9	2
186.	116	92	95	239	124	143	69	66	35	32	91	76
187.	-	-	-	-	-	-	-	-	-	-	-	-
188.	1	-	2	-	-	-	1	-	-	-	1	1
189.	5	2	-	21	1	2	-	1	-	1	-	1
190.	10	6	9	20	19	16	11	11	8	3	15	8
191.	8	13	6	3	2	5	3	3	2	2	3	2
192.	-	-	-	-	-	-	-	-	-	-	3	3
193.	4	6	12	50	27	7	14	3	3	1	11	8
194.	114	139	128	693	345	221	102	73	63	97	224	147
195.	2	1	2	2	7	3	-	1	1	1	3	1
196.	-	-	-	-	-	-	-	-	-	-	-	-
197.	-	-	-	-	-	-	-	-	-	-	-	-
198.	-	-	-	8	-	-	-	-	-	-	-	-
199.	-	-	-	3	-	1	-	-	-	-	1	1
200.	686	1003	941	1631	858	1172	488	359	465	267	953	977

RESTRICTED

- 151 -

RESTRICTED

- 152 -

Dis- ease	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hiogo	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
No.													
Total													
Deaths	33931	52344	24413	14428	28604	66409	51522	11437	14554	9344	16430	25458	33727
Epi- demic,	6513	9783	3663	2101	6612	17608	10829	1635	2430	1551	2538	3879	5958
Infectious and Parasitic Diseases, (1-44).													
1.	209	282	132	45	192	896	617	88	130	55	56	174	408
2.	4	13	3	-	12	26	11	-	2	2	-	1	21
3.	-	-	-	-	-	-	-	-	-	-	-	-	-
4.	-	1	-	-	-	-	-	-	-	-	-	-	-
5.	-	1	-	-	-	-	-	-	-	-	-	-	-
6.	-	-	-	-	-	-	-	-	-	-	-	2	-
7.	131	185	114	43	111	91	41	22	90	34	32	41	97
8.	6	10	5	3	13	33	14	1	1	1	3	2	4
9.	327	500	116	70	176	517	237	40	27	41	56	72	159
10.	69	131	58	42	119	380	159	29	34	21	29	44	58
11.	197	281	163	63	127	357	305	35	91	114	155	207	232
12.	-	-	-	-	-	-	-	-	-	-	-	5	2
13a.	168	197	71	11	190	578	268	11	27	20	42	167	154
b.	951	841	302	37	461	1324	532	22	70	92	249	270	454
14.	-	-	-	-	-	-	-	-	-	-	-	-	-
15.	91	118	67	47	82	217	158	40	54	23	43	50	93
16.	16	23	14	5	15	52	51	-	4	2	9	17	24
17.	22	11	3	14	19	46	55	5	7	10	19	96	64
18.	6	6	5	4	31	63	34	3	11	3	5	6	17
19.	-	-	-	-	-	-	-	-	-	-	-	-	-
20.	-	-	-	-	-	-	-	-	-	-	-	-	5
21.	-	-	-	-	-	-	1	-	-	-	-	1	-
22.	50	68	11	12	15	29	27	8	19	11	18	24	30
23a.	2762	4704	1695	1033	3308	8884	5522	787	1232	671	1155	1677	2517
b.	69	85	42	34	77	158	119	29	27	12	21	42	44
c.	3	10	10	2	6	47	15	2	-	2	6	4	15
24.	178	314	88	78	341	963	602	51	72	41	56	80	165
25.	611	1275	364	343	778	1760	1243	223	284	232	329	514	851

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hirogo	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
26.	66	108	61	32	66	124	112	34	31	24	23	50	75
27.	13	22	13	7	18	26	19	9	7	4	4	12	15
28.	-	2	1	-	1	3	3	1	1	1	-	3	-
29.	6	12	3	3	9	20	22	2	7	2	12	7	10
30.	29	55	21	13	47	83	43	14	19	8	8	16	22
31.	2	1	-	1	1	4	8	-	-	1	-	-	3
32.	11	32	4	13	45	71	43	8	4	3	5	6	19
33.	10	22	10	4	2	14	15	8	8	3	1	3	3
34.	169	137	89	27	95	260	138	48	25	40	61	62	62
35.	1	1	1	-	-	3	-	1	-	1	1	1	2
36.	268	294	153	79	179	393	256	67	98	43	108	141	251
37.	-	-	-	-	-	-	-	-	-	-	-	-	-
38.	-	1	-	-	1	1	1	-	-	2	-	-	8
39.	17	14	12	17	47	151	97	28	30	23	21	30	27
40.	18	5	6	3	4	4	9	1	4	2	2	16	8
41.	-	-	-	-	-	-	-	-	-	-	-	-	1
42a.	19	2	12	9	16	4	33	6	6	-	2	7	4
b.	-	-	-	-	-	-	-	-	-	-	-	5	-
c.	1	-	-	-	-	-	-	-	-	-	-	-	2
d.	1	-	-	-	-	-	-	-	-	-	-	-	2
e.	3	1	-	-	1	2	1	-	-	-	-	-	-
f.	-	-	-	-	-	-	-	-	-	-	-	1	-
g.	-	1	1	-	-	-	-	1	-	-	-	-	1
43.	6	13	9	7	5	14	11	10	7	4	3	15	15
44a.	1	2	-	-	1	6	2	-	1	1	-	4	4
b.	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	2	-	4	4	-	1	4	5	1	-	2	4	2

RESTRICTED

RESTRICTED

- 154 -

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Higo	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
45.	22	27	18	7	22	62	42	9	16	8	11	17	23
46a.	37	65	57	27	60	166	90	78	135	11	16	51	89
b.	548	1020	528	333	663	1502	1017	417	405	245	284	493	585
c.	32	60	31	18	55	119	78	12	19	12	25	55	50
d.	148	204	111	95	167	285	213	66	94	54	61	164	138
e.	6	12	3	3	11	6	10	1	2	4	1	6	7
f.	14	18	8	7	18	17	17	6	3	8	3	2	9
g.	42	49	39	19	37	69	53	16	21	21	20	35	45
47.	37	38	20	21	63	84	66	3	31	15	15	47	39
48.	9	6	7	1	3	15	14	2	4	1	-	13	3
49.	172	271	136	50	168	485	295	71	82	58	109	164	186
50.	18	38	15	22	27	51	51	12	10	10	7	16	24
51.	7	11	11	7	15	25	24	1	6	3	11	2	11
52.	8	20	12	8	17	18	25	5	5	5	7	13	10
53.	60	78	30	20	57	130	85	26	27	16	25	62	58
54.	21	44	16	11	36	61	42	10	12	9	15	26	22
55.	65	101	30	20	75	106	85	16	24	10	26	55	51
56.	11	25	7	10	13	32	28	7	14	4	7	20	18
57.	37	35	31	6	27	50	47	11	19	7	16	32	31
58.	2	-	-	-	-	-	-	-	-	-	-	-	-
59.	79	157	65	55	87	189	153	35	51	36	66	53	142
60.	9	7	2	4	1	10	10	-	6	-	2	3	7
61.	305	904	338	182	418	1058	888	150	109	103	100	287	428
62.	-	-	-	3	-	-	1	-	-	-	-	1	1
63.	1	1	2	2	2	4	3	1	2	2	8	2	3
64.	1	-	-	-	-	-	-	-	-	-	1	-	1
65.	-	-	1	1	-	-	-	-	-	-	-	-	-

Dis-
ease

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hiogo	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
66a.	13	16	5	3	8	17	14	2	3	2	4	7	5
b.	-	2	-	-	1	-	1	-	-	-	-	-	1
c.	1	1	1	2	2	6	2	-	1	4	1	4	1
67.	4	2	2	-	5	3	-	2	-	-	-	3	2
68.													
69.	64	60	10	2	18	24	42	3	2	20	35	25	88
70.	31	39	13	6	15	36	31	11	20	10	6	17	28
71.	20	21	12	4	26	28	49	8	13	2	12	20	39
72.	27	38	9	8	24	49	30	10	8	7	8	17	23
73.	6	17	3	2	6	21	11	4	2	2	1	7	10
74.	-	1	-	-	-	1	-	-	-	-	-	-	-
75.	7	13	3	2	4	14	13	3	2	3	3	10	7
76.	2	-	2	-	3	6	2	-	1	1	-	1	-
77.	-	1	-	-	1	1	-	-	-	-	-	-	-
78.	144	176	66	49	92	194	206	34	75	18	80	110	205
79.	981	2149	830	320	652	1315	1232	237	375	187	459	610	1024
80.	25	33	9	8	35	84	29	9	9	8	10	15	24
81.	75	80	57	17	66	118	108	24	41	16	30	54	65
82a.	3250	4354	2029	1319	2424	5540	4367	1237	1579	391	1729	2584	3378
b.	106	115	54	27	101	137	112	36	33	22	57	82	84
c.	3	2	2	3	1	4	3	-	-	1	5	1	-
83.	65	148	64	15	107	277	141	24	12	20	28	44	52
84.	88	147	137	47	99	142	249	35	55	28	46	61	103
85.	44	45	24	5	24	49	41	12	22	7	18	23	33
86.	53	35	44	31	20	28	41	27	10	19	61	20	65
87a.	-	4	1	1	-	4	2	-	1	-	2	4	1
b.	13	18	18	10	16	22	39	5	11	3	14	5	17
c.	42	73	47	24	39	84	110	26	34	20	29	49	95
88.	-	1	1	1	-	2	-	1	1	2	1	1	1
89.	11	15	9	5	11	31	16	2	6	8	9	16	19

RESTRICTED

- 155 -

RESTRICTED

- 156 -

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hio-go	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
90.	15	20	14	11	17	45	38	7	12	2	11	26	24
91.	19	28	15	8	10	18	31	8	6	4	5	13	28
92.	746	959	511	332	541	1369	1004	215	318	198	360	492	719
93.	97	149	97	75	106	122	86	57	50	41	51	27	93
94.	153	237	102	96	121	370	226	47	74	55	47	93	165
95.	352	562	248	146	248	569	466	99	134	90	154	234	329
96.	12	18	4	1	18	23	23	5	4	3	5	8	9
97.	86	205	95	64	117	264	194	47	48	31	52	138	122
98.	12	21	9	1	8	28	17	5	4	3	11	9	8
99.	8	5	2	1	4	1	3	-	1	-	3	-	5
100.	5	3	2	-	5	4	5	-	2	1	3	5	3
101.	11	9	5	2	8	16	14	2	4	-	3	10	11
102.	8	10	7	6	12	13	12	8	9	-	7	9	8
103.	13	13	12	3	5	15	20	2	4	2	5	8	9
104.	2	1	-	-	6	2	7	-	-	3	-	1	1
105.	20	31	29	9	17	20	32	11	27	4	11	27	15
106.a.	162	208	110	70	81	204	208	54	75	24	62	102	164
b.	296	470	244	95	153	397	392	84	193	63	114	249	361
c.	290	513	380	107	132	369	426	77	97	61	130	150	234
107.	999	1828	759	334	643	1935	1304	233	345	168	370	483	762
108.	1227	2510	1076	506	1038	3973	2372	490	496	342	841	972	1623
109.	604	1128	594	261	431	1388	608	82	181	74	287	346	642
110.	396	894	395	161	447	1027	705	143	225	176	262	339	638
111.	41	56	24	13	47	71	55	12	17	6	22	22	28
112.	243	434	187	130	137	397	361	67	94	73	127	196	230
113.	36	43	25	27	78	56	40	16	9	12	20	23	26
114.	82	119	65	43	104	238	155	28	55	16	35	78	80

RESTRICTED

- 157 -

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hiogo	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
115.	44	94	21	23	32	57	93	22	24	9	29	51	46
116.	13	7	16	5	15	27	17	6	16	4	10	6	9
117.	340	434	243	173	294	726	530	154	179	113	203	251	367
118.	489	632	472	202	298	460	507	172	161	137	198	365	494
119.	1339	1864	1159	805	961	2237	2068	550	538	350	422	698	1074
120.	1441	3184	1275	837	1054	1858	2537	606	834	425	739	1711	1616
121.	54	109	35	27	74	217	89	23	23	28	21	54	79
122.	175	196	107	68	163	284	217	56	62	46	72	142	157
123.	31	26	15	14	28	34	44	10	11	9	6	27	18
124.	134	190	88	84	136	279	222	58	63	36	77	116	165
125.	99	151	86	68	96	162	109	44	76	23	59	107	128
126.	78	64	82	94	59	128	94	34	69	26	27	67	92
127.	57	76	62	53	53	115	74	29	61	22	22	60	65
128.													
129.	389	1339	410	241	540	1095	820	181	195	166	263	398	697
130.	345	382	169	148	226	656	410	147	109	85	144	174	228
131.	794	745	459	384	675	1803	1127	305	288	355	386	536	666
132.	501	770	419	219	525	1434	914	196	174	197	325	248	500
133.	107	111	65	49	110	229	179	33	32	31	48	60	90
134.	3	7	3	3	6	7	9	2	3	2	1	5	8
135.	32	48	31	8	18	41	49	10	24	16	18	17	38
136.	2	5	2	4	7	11	8	1	1	-	3	-	2
137.	3	2	-	2	5	4	2	1	2	1	2	5	2
138.	1	-	2	-	-	-	4	1	-	-	2	2	1
139.	13	31	13	7	8	21	22	5	7	4	13	12	21

RESTRICTED

- 158 -

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hogo	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
140.	1	1	-	-	2	3	-	-	-	1	1	1	-
141.	4	4	2	1	2	7	4	-	2	-	3	-	5
142.	11	13	1	-	6	20	8	4	2	1	2	4	6
143.	1	-	-	-	-	-	1	-	-	-	-	-	-
144.	40	38	15	9	24	64	38	12	12	5	13	15	26
145.	31	17	6	10	13	52	27	15	13	4	14	18	27
146.	38	50	24	9	39	121	65	11	20	7	8	17	28
147.	13	15	6	4	7	9	8	1	2	4	4	7	4
148.	-	1	-	-	-	1	1	1	-	-	-	-	-
149.	11	17	4	6	16	27	26	8	4	5	10	5	15
150.	-	-	1	-	-	2	1	-	1	-	1	-	-
151.	18	32	9	10	28	52	25	6	16	13	6	13	15
152.	60	59	44	24	44	98	66	15	35	20	17	43	53
153.	24	30	18	4	20	23	29	7	10	12	15	15	16
154.	-	1	-	-	-	2	-	-	-	-	-	-	-
155.	40	34	28	13	21	57	33	8	15	16	14	16	29
156.	15	28	23	9	17	35	32	10	11	6	12	9	35
157.	105	215	76	39	105	183	144	27	55	27	35	74	89
158.	1820	2504	1325	706	1427	2894	2377	750	668	447	889	1482	1532
159.	202	267	134	57	128	313	199	39	50	52	45	76	83
160.	12	31	4	2	15	23	16	5	4	2	3	10	6
161.	350	429	156	137	218	448	315	101	124	70	77	203	191
162.	3084	4140	2191	1486	2313	3333	4433	949	1322	1072	1973	3107	3102
163.	104	125	21	9	60	127	60	14	15	7	10	36	52
164.	1	2	-	-	5	17	6	-	-	-	-	-	-
165.	144	264	114	99	161	265	220	58	105	45	99	140	190
166.	66	91	44	55	126	125	136	29	39	12	19	44	54
167.	4	-	-	1	5	1	1	1	1	-	-	2	2

RESTRICTED

- 159 -

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hiogo	Nara	Wak- ayama	Tot- tori	Shi- mane	Oka- yama	Hiro- shima
169.	6	3	-	-	2	5	2	-	2	-	-	1	1
168.	10	19	4	3	8	38	16	4	3	-	-	15	13
170.	42	61	14	16	34	59	43	12	2	11	7	10	32
171.	3	6	-	2	2	10	11	3	2	-	2	3	7
172.	-	1	2	-	-	1	2	1	1	-	1	2	-
173.	-	-	-	-	1	2	-	-	-	1	-	25	-
174.	3	3	-	1	2	15	-	-	-	1	-	4	3
175.	7	8	4	-	7	10	13	8	3	-	2	7	8
176.	2	2	-	1	-	2	6	-	-	1	2	4	2
177.	3	14	-	-	3	17	13	1	1	3	2	9	23
178.	2	4	3	-	6	32	22	2	5	4	3	2	7
179.	59	36	11	2	35	78	59	3	10	3	13	34	31
180.	6	15	5	4	3	8	13	3	9	3	13	5	5
181.	57	66	28	18	31	88	102	9	24	29	26	56	70
182.	20	29	19	14	15	51	88	8	8	13	18	25	31
183.	297	345	175	113	137	397	668	58	127	75	151	237	306
184.	3	-	-	-	-	3	2	-	-	-	1	2	3
185.	8	9	2	5	6	28	10	1	5	-	6	2	11
186.	105	116	48	46	45	229	305	27	36	33	40	66	81
187.	-	-	-	-	-	-	-	-	-	1	-	-	-
188.	1	5	-	2	-	-	5	-	-	-	-	-	-
189.	3	2	1	1	1	4	2	-	2	1	-	-	1

(Note: numbers 168 and 169 are in reverse order on this page.)

Dis- ease No.	Shi- zuoka	Aichi	Miye	Shiga	Kyoto	Osaka	Hiogo	Nara	Wak- ayama	Tot- tori	Shimane	Oka- yama	Hiro- shima
190.	8	14	3	2	7	30	19	2	7	5	4	5	4
191.	4	9	4	-	2	6	8	-	1	1	6	5	12
192.	-	1	-	-	-	1	-	-	-	-	-	1	2
193.	19	15	5	2	9	37	27	3	5	3	2	4	17
194.	237	291	134	56	156	505	482	77	108	49	90	168	305
195.	6	4	1	-	1	8	6	-	1	1	1	2	2
196.	-	-	-	-	-	-	-	-	-	-	-	-	-
197.	-	-	-	-	-	-	-	-	-	-	-	-	-
198.	-	2	-	-	-	1	-	-	-	-	-	-	3
199.	-	-	-	-	4	3	-	1	1	-	-	-	1
200.	1111	1328	823	477	902	1193	1286	351	454	147	652	977	975

RESTRICTED

- 160 -

RESTRICTED

- 161 -

Dis- ease	Yama- guchi	Toku- shima	Kagawa	Ehime	Kochi	Fu- kuoka	Saga	Naga- saki	Kuma- moto	Oita	Miya- zaki	Kago- shima	Okinawa
No.													
Total													
Deaths 24198	14755	14502	14502	21057	13327	53874	13601	25258	25542	20014	14351	28874	9712
Epidemic 4653	2644	2500	2500	3991	2331	10645	2216	4346	4041	3168	2323	4838	1891
Infectious and Parasitic Diseases (1 - 44).													
1.	71	76	88	181	125	257	42	145	65	52	34	19	16
2.	-	7	-	3	1	13	3	3	1	4	1	-	2
3.	-	-	-	-	-	-	-	-	-	-	-	-	-
4.	-	-	-	-	-	-	-	-	-	-	-	-	-
5.	-	-	-	-	-	-	-	-	-	-	-	-	-
6.	-	-	-	-	-	-	2	1	-	-	-	1	-
7.	72	76	116	61	66	668	74	226	141	95	74	277	73
8.	4	1	1	1	2	2	4	1	5	2	4	-	-
9.	97	81	31	138	58	387	96	185	166	105	143	203	27
10.	74	10	27	59	26	133	25	78	30	25	33	40	17
11.	257	124	99	156	140	248	80	193	112	251	74	99	62
12.	2	-	-	-	-	-	-	-	-	-	-	-	-
13a.	200	75	104	60	59	295	11	78	133	32	24	15	8
b.	563	197	244	225	187	915	160	285	537	182	226	84	3
14.	-	-	-	-	-	-	-	-	-	-	-	-	-
15.	78	48	42	59	40	158	48	70	65	53	32	69	30
16.	15	6	7	6	9	30	5	11	21	11	6	16	1
17.	75	11	36	78	8	46	14	5	5	12	19	12	7
18.	6	7	5	12	5	123	-	18	8	3	1	9	-
19.	-	-	-	-	-	-	-	-	-	-	-	-	-
20.	-	-	1	-	-	1	-	-	-	-	1	1	-
21.	-	-	-	-	-	-	-	-	-	-	-	-	-
22.	25	27	33	41	28	37	13	32	25	23	58	159	38
23a.	2078	1196	1068	1877	1025	4671	945	1799	1695	1343	1018	2320	800
b.	41	28	21	37	11	64	25	43	38	45	24	63	23
c.	2	2	1	5	4	25	4	6	5	4	6	14	8

RESTRICTED

- 162 -

Dis- ease No.	Yama- guchi	Toku- shima	Kagawa	Ehime	Kochi	Fu- kuoka	Saga	Naga- saki	Kuma- moto	Oita	Miya- zaki	Kago- shima	Okinawa
24.	110	70	62	103	35	383	47	189	86	73	51	91	57
25.	471	359	295	449	190	1186	257	458	329	432	147	469	210.
26.	34	18	26	41	26	85	23	37	34	47	23	76	17
27.	6	9	9	16	4	19	6	16	7	6	5	12	11
28.	1	-	1	-	-	1	2	1	-	-	-	1	-
29.	5	7	8	6	7	14	5	5	10	5	-	15	8
30.	19	8	6	13	7	45	10	11	18	19	12	12	5
31.	2	2	1	1	-	1	-	1	-	2	1	1	-
32.	11	6	4	6	3	22	8	20	8	12	2	17	3
33.	2	2	10	12	8	3	2	7	23	6	15	22	13
34.	62	32	28	77	54	225	133	155	78	84	87	124	38
35.	2	2	-	-	1	1	1	2	-	1	1	3	-
36.	189	117	84	195	131	465	140	206	296	189	164	472	180
37.	-	-	-	-	-	-	-	-	-	-	-	-	-
38.	2	1	4	-	2	6	1	-	1	-	1	1	166
39.	41	23	18	45	53	85	20	24	57	22	18	37	10
40.	18	3	10	2	4	5	3	4	5	13	10	20	8
41.	-	-	-	-	-	1	-	-	-	-	-	2	-
42.a.	2	4	5	4	-	-	5	2	5	16	1	3	14
b.	1	-	-	-	-	2	-	-	-	-	-	-	-
c.	3	-	-	1	2	-	1	3	1	2	-	1	-
d.	-	-	-	-	-	-	1	-	-	-	-	-	-
e.	-	1	-	1	3	-	2	12	11	1	2	48	32
f.	-	-	-	-	-	-	-	-	-	-	-	-	1
g.	-	-	-	-	-	-	-	-	-	-	-	-	-

RESTRICTED

- 164 -

Dis- esse No.	Yama- guchi	Toku- shima	Kagawa	Ehime	Kochi	Fu- kuoka	Saga	Naga- saki	Kuma- moto	Oita	Miya- zaki	Kago- shima	Okinawa
65.	-	-	-	-	-	-	-	-	-	-	-	-	-
66a.	7	3	3	12	7	20	1	1	3	6	4	3	1
b.	-	3	-	-	1	3	-	-	3	-	-	-	-
c.	3	3	4	1	1	5	-	4	5	2	1	-	2
67.	2	-	1	3	-	6	1	5	2	2	-	2	-
69.	97	11	27	88	36	670	82	88	81	61	49	92	3
68. (omitted)													
70.	13	16	15	17	15	46	7	23	11	15	22	48	5
71.	14	13	13	14	13	53	6	19	31	27	10	26	7
72.	14	7	8	25	7	44	5	22	18	22	16	32	2
73.	4	7	2	11	1	10	4	6	5	3	6	4	3
74.	-	-	-	-	-	3	1	-	-	-	1	1	-
75.	4	4	3	6	5	17	4	6	8	2	1	9	2
76.	-	-	-	1	3	1	-	2	4	1	-	-	-
77.	-	1	-	-	-	-	-	-	-	-	-	2	-
78.	141	40	72	114	66	167	74	107	105	130	54	101	34
79.	579	397	321	553	312	1344	393	766	780	746	429	986	400
80.	19	8	14	16	7	50	6	15	13	16	11	17	6
81.	41	31	29	39	28	71	32	54	48	44	33	76	19
82a.	2802	1173	1335	1860	1363	5249	1338	2005	2746	2038	1423	2559	309
b.	59	37	25	39	22	143	23	48	59	44	43	49	12
c.	2	-	-	1	2	11	-	2	2	2	-	3	-
83.	30	23	23	23	19	124	31	59	35	19	17	35	1
84.	61	51	57	64	41	177	42	85	96	47	29	66	8
85.	20	13	14	19	21	37	11	29	30	22	18	33	13
86.	15	7	17	16	2	19	5	31	11	77	12	16	-
87a.	-	2	-	3	1	3	-	2	-	1	-	1	1
b.	7	6	5	6	10	15	5	23	7	9	8	21	2
c.	58	19	30	39	17	79	20	42	51	44	16	56	17

RESTRICTED

- 165 -

Dis- ease No.	Yama- guchi	Toku- shima	Kagawa	Ehime	Kochi	Fu- kuoka	Saga	Naga- saki	Kuma- moto	Oita	Miya- zaki	Kago- shima	Okinawa
88.	2	-	1	-	-	3	-	1	-	1	2	6	1
89.	6	5	7	7	12	21	7	8	12	4	10	15	4
90.	15	9	4	17	9	38	4	19	18	13	9	35	8
91.	10	8	6	6	3	22	7	12	16	14	6	17	6
92.	503	353	319	486	236	928	262	564	545	362	290	535	141
93.	82	49	27	93	21	98	32	39	68	51	43	39	32
94.	121	58	48	80	46	266	81	97	161	84	76	110	23
95.	257	141	136	139	74	401	108	204	219	177	138	222	59
96.	8	4	7	7	4	14	4	12	2	5	5	9	5
97.	78	43	37	44	16	138	41	83	101	58	52	50	11
98.	10	5	3	7	3	15	8	14	10	13	5	17	15
99.	4	-	-	1	-	4	1	2	2	1	4	2	1
100.	2	2	3	-	-	2	2	2	5	1	1	3	1
101.	5	4	6	8	2	27	2	7	8	8	1	13	1
102.	5	5	4	3	5	24	1	7	3	5	1	5	1
103.	6	4	5	5	5	12	3	6	2	7	5	7	1
104.	1	3	2	1	1	3	1	1	4	4	-	-	-
105.	10	10	10	16	10	34	6	20	20	15	5	22	7
106a.	67	89	95	110	76	127	60	123	62	132	96	133	23
b.	149	191	125	226	138	412	148	428	338	276	184	416	224
c.	127	73	68	173	70	350	83	216	225	157	154	313	76
107.	543	449	358	593	348	1619	383	845	730	560	446	825	203
108.	1099	751	611	912	642	2914	739	1520	1116	1065	644	1294	299
109.	519	247	188	380	312	1756	256	625	663	303	380	884	489

RESTRICTED

- 166 -

Dis- ease No.	Yama- guchi	Toku- shima	Kagawa	Ehime	Kochi	Fu- kuoka	Saga	Naga- saki	Kuma- moto	Oita	Miya- zaki	Kago- shima	Okinawa
110.	403	208	189	364	192	924	219	612	476	359	272	671	197
111.	24	14	5	11	7	49	10	26	22	14	10	26	3
112.	166	77	124	137	85	456	102	250	321	196	165	388	66
113.	18	9	15	11	9	43	33	35	61	26	17	31	4
114.	54	39	38	63	36	117	29	55	52	36	28	30	8
115.	35	31	22	40	10	97	27	37	49	36	23	34	9
116.	10	3	4	8	3	16	9	7	11	5	10	15	4
117.	299	126	125	179	105	631	165	299	343	204	156	327	73
118.	317	196	226	245	128	529	162	288	463	298	175	470	223
119.	668	366	453	610	316	2075	496	989	939	681	541	1295	447
120.	894	657	658	959	562	1751	454	837	1245	815	801	1588	1054
121.	54	16	23	32	24	125	28	46	62	39	27	58	15
122.	108	60	68	106	62	218	66	138	118	87	82	99	20
123.	22	10	16	14	6	27	12	17	23	11	9	21	10
124.	120	94	68	147	45	254	82	180	202	144	103	170	43
125.	93	76	51	108	68	162	36	134	118	71	52	164	52
126.	31	63	74	118	60	103	40	86	53	46	14	35	16
127.	44	48	26	77	44	139	66	72	50	58	22	53	8
128.													
129.	395	220	200	309	200	1020	175	445	412	343	194	452	197
130.	176	129	142	146	115	465	175	215	238	180	197	335	121
131.	623	348	345	410	244	1490	403	632	672	453	342	684	136
132.	546	191	192	273	238	1252	258	387	604	329	290	732	204
133.	70	42	30	62	54	153	41	77	87	43	54	62	25
134.	5	3	4	4	-	10	2	10	5	3	2	5	-
135.	28	18	11	28	30	48	13	30	38	35	28	64	7
136.	5	3	2	2	5	12	2	6	4	4	3	1	-
137.	-	2	4	-	1	5	-	3	1	1	4	3	1
138.	1	1	-	2	1	4	1	4	2	-	1	4	4
139.	14	6	7	14	11	26	5	17	9	14	8	24	10

RESTRICTED

- 167 -

Dis- ease No.	Yama- guchi	Toku- shima	Kagawa	Ehime	Kochi	Fu- kuoka	Saga	Naga- saki	Kuma- moto	Oita	Miya- zaki	Kago- shima	Okinawa
140.	-	1	-	1	1	4	-	-	1	-	-	-	-
141.	4	3	2	2	1	12	1	5	1	1	4	7	4
142.	4	2	2	2	6	15	2	9	10	4	3	4	-
143.	-	1	1	-	-	-	-	-	-	-	-	1	-
144.	14	9	8	13	12	57	10	25	26	20	12	28	11
145.	19	15	9	17	16	47	4	19	22	14	11	30	34
146.	37	15	13	14	5	76	17	17	21	23	14	25	8
147.	5	2	1	5	-	12	2	5	4	-	1	4	1
148.	1	-	-	-	-	1	-	-	-	-	-	-	-
149.	12	6	5	8	4	17	6	19	11	11	5	24	7
150.	-	-	-	1	1	1	2	1	-	1	-	-	-
151.	9	12	11	13	10	26	5	9	6	10	10	23	3
152.	84	28	32	35	28	76	26	46	51	34	23	28	20
153.	9	10	9	12	6	27	10	12	11	11	9	21	2
154.	-	-	-	-	-	-	-	1	-	-	-	1	-
155.	18	14	16	18	13	28	14	26	17	21	16	26	10
156.	13	5	12	18	12	38	13	32	26	21	16	45	29
157.	51	46	43	70	35	125	39	82	71	47	43	61	13
158.	834	863	861	869	650	2501	920	1161	986	1083	639	822	12
159.	49	98	73	79	47	187	53	59	74	45	54	49	-
160.	6	1	2	4	4	17	9	3	7	4	2	6	-
161.	108	101	153	194	93	364	145	162	163	142	132	130	5
162.	2428	1699	1463	2264	1628	3265	1083	2346	2091	1925	1103	2097	851
163.	39	14	21	33	18	72	12	20	21	18	12	11	5
164.	1	-	-	1	-	1	-	-	1	-	-	-	-
165.	152	56	76	111	86	191	29	75	111	87	65	146	18
166.	34	21	31	36	16	51	11	26	12	17	12	22	2
167.	3	1	-	2	6	-	-	1	2	1	3	2	-
168.	8	6	9	11	5	14	7	9	7	5	6	8	7
169.	1	-	-	1	-	-	-	-	4	-	-	2	-

RESTRICTED

- 168 -

Dis- ease No.	Yama- guchi	Toku- shima	Kagawa	Ehime	Kochi	Fu- kuoka	Saga	Naga- saki	Kuma- moto	Oita	Miya- zaki	Kago- shima	Okinawa
170.	12	7	7	7	2	41	12	15	19	13	7	5	-
171.	5	3	-	2	-	16	3	5	4	3	-	1	1
172.	1	-	-	-	2	2	-	1	-	2	-	-	-
173.	-	-	-	-	2	-	-	-	1	-	4	-	-
174.	3	3	-	4	3	9	1	1	1	1	1	-	1
175.	5	2	5	2	5	11	2	5	5	3	1	2	-
176.	4	1	1	2	3	7	2	13	4	1	4	14	10
177.	15	4	7	2	-	41	2	5	7	12	2	2	-
178.	9	2	4	1	-	18	-	6	3	-	-	2	-
179.	21	9	5	12	15	65	13	24	27	20	3	10	1
180.	2	2	3	7	2	11	3	2	6	3	5	9	3
181.	64	35	34	43	47	133	23	52	44	49	43	81	14
182.	39	29	12	18	10	81	17	27	25	20	13	25	4
183.	184	175	188	182	89	323	138	193	190	128	147	533	70
184.	-	-	-	-	4	5	1	1	4	1	2	1	-
185.	7	3	1	4	1	37	2	9	11	2	5	7	6
186.	84	39	42	67	44	221	28	56	51	53	59	89	15
187.	-	-	-	-	-	-	-	-	-	-	-	-	-
188.	1	1	2	-	1	2	2	1	2	2	3	4	2
189.	1	-	1	-	2	3	-	-	2	2	3	3	1
190.	4	6	5	13	5	24	2	2	9	2	3	3	-
191.	7	3	4	4	5	3	1	4	1	2	1	7	-
192.	-	-	-	1	-	1	-	-	2	-	3	1	-
193.	16	4	3	2	5	31	4	6	1	7	5	7	-
194.	228	97	74	115	140	830	95	234	171	119	70	106	28
195.	2	-	2	1	2	8	3	1	1	-	1	3	-
196.	-	-	-	-	-	-	-	-	-	-	-	-	-
197.	-	-	-	-	-	-	-	-	-	-	-	-	-
198.	-	-	-	-	-	-	-	-	-	1	-	-	-
199.	-	-	-	-	1	-	-	-	2	-	-	3	-
200.	729	541	511	718	454	1111	286	538	636	605	376	1220	864

Table II.

MUNICIPAL HOSPITALS, CONVALESCENT HOMES, CLINICS, AND HEALTH ADVICE OFFICES (1938)

CITY	TYPE	No. of Institutions	No. of Beds	PERSONNEL			Out-Patients	Admissions	Patients Discharged
				Doctors	Nurses	Phar- macists			
<u>Tokyo</u>	Hospitals of all types	14	4,077	207	828	52	139,829	47,048	41,520
	Convalescent Homes	1	1,170	26	199	7	-	1,508	837
	Clinics	22	-	33	54	5	120,857	-	-
	Health Advice Offices	17	-	58	124	13	306,581	-	-
<u>Osaka</u>	Hospitals of all types	6	2,432	105	432	34	198,108	798,483	21,899
	Clinics	23	-	8	35	-	280,989	-	-
	Health Advice Offices	18	-	29	58	-	220,142	-	-
<u>Nagoya</u>	Hospitals of all types	3	448	65	195	19	535,145	113,126	4,131
	Convalescent Homes	1	224	5	25	2	-	80,530	452
	Clinics	4	-	5	8	4	117,352	-	-
<u>Kyoto</u>	Hospitals of all types	1	539	10	94	3	-	104,800	-
	Clinics	7	-	7	14	-	423,717	-	-
	Convalescent Homes	1	330	8	45	3	-	112,278	-
	Health Advice Offices	1	-	2	7	-	3,709	-	-

MUNICIPAL HOSPITALS, CONVALESCENT HOMES, CLINICS, AND HEALTH ADVICE OFFICES (1938) cont'd.

CITY	TYPE	No. of Institutions	No. of Beds	PERSONNEL			Out-Patients	Admissions	Patients Discharged
				Doctors	Nurses	Phar- macists			
<u>Kobe</u>	Hospitals of all types	4	365	50	128	13	362,297	123,004	5,289
	Convalescent Homes	1	100	3	14	2	-	37,075	183
	Clinics	3	-	3	7	-	224,563	-	-
	Health Advice Offices	1	-	3	3	-	9,432	-	-
<u>Yokohama</u>	Hospitals of all types	1	184	5	34	3	-	70,532	2,245
	Convalescent Homes	1	250	6	40	3	-	73,810	57,675
<u>Hiroshima</u>	Hospitals of all types	1	170	4	11	2	-	26,866	757
	Convalescent Homes	1	60	4	8	1	-	20,324	39
	Clinics	3	-	3	5	-	60,177	-	-
<u>Fukuoka</u>	Hospitals of all types	5	44	19	26	3	170,316	9,172	8,660
	Convalescent Homes	1	77	3	12	1	-	27,931	14,274
<u>Kure</u>	Hospitals of all types	1	71	4	10	1	-	1,481	1,384
<u>Sendai</u>	Hospitals of all types	1	130	13	46	3	22,148	46,010	-
	Convalescent Homes	1	97	3	8	1	2,596	1,366	1,366
	Clinics	3	44	6	17	1	107,163	8,013	8,013
	Health Advice Offices	3	-	8	16	-	116,215	-	-

MUNICIPAL HOSPITALS, CONVALESCENT HOMES, CLINICS, AND HEALTH ADVICE
OFFICES (1938) contd.

CITY	TYPE	No. of Institutions	No. of Beds	PERSONNEL			Out-Patients	Admissions	Patients Discharged
				Doctors	Nurses	Phar- macists			
<u>Nagasaki</u>	Hospitals of all types	1	110	3	7	1	-	10,671	-
	Convalescent Homes	1	60	3	7	1	-	15,028	-
	Clinics	2	-	-	2	-	34,726	-	-
<u>Shizuoka</u>	Hospitals of all types	1	66	17	25	4	150,186	20,392	938
	Convalescent Homes	1	35	2	6	1	-	12,700	66
	Clinics	1	-	2	2	1	22,112	-	-
<u>Kawasaki</u>	Hospitals of all types	1	54	2	2	1	-	11,172	-
	Health Advice Offices	5	-	3	6	-	42,608	-	-
<u>Hakodate</u>	Hospitals of all types	3	406	31	74	6	293,218	104,179	4,265
	Convalescent Homes	1	68	2	7	1	-	20,150	117
	Clinics	2	-	4	4	2	2,094	-	-
<u>Yokosuka</u>	Hospitals of all types	2	201	6	38	4	12,347	1,789	1,755
	Clinics	1	7	1	3	1	18,110	951	21
<u>Sasebo</u>	Hospitals of all types	1	24	11	20	2	59,420	6,874	462

RESTRICTED

MUNICIPAL HOSPITALS, CONVALESCENT HOMES, CLINICS, AND HEALTH ADVICE
OFFICES (1938) contd.

CITY	TYPE	No. of Institutions	<u>P E R S O N N E L .</u>				Out-Patients	Admissions	Patients Discharged
			No. of Beds	Doctors	Nurses	Phar- macists			
<u>Sapporo</u>	Hospitals of all types	2	435	35	179	8	198,586	151,048	4,520
	Convalescent Homes	1	100	3	15	1	-	21,085	82
	Clinics	1	65	2	5	1	21,920	21,083	147
<u>Kumamoto</u>	Hospitals of all types	1	78	3	4	1	-	383	378
	Convalescent Homes	1	60	3	5	1	-	63	52
	Clinics	2	-	2	2	-	13,129	-	-
<u>Kanazawa</u>	Hospitals of all types	1	70	3	5	2	-	219	221
	Convalescent Homes	1	80	3	11	2	-	13,329	106
<u>Wakayama</u>	Hospitals of all types	1	-	14	43	5	124,181	10,883	549
<u>Kagoshima</u>	Hospitals of all types	1	40	1	2	1	-	2,292	2,187
<u>Okayama</u>	Hospitals of all types	3	133	18	38	5	144,966	12,528	1
	Convalescent Homes	1	65	3	5	1	-	19,884	81
<u>Sakai</u>	Hospitals of all types	2	222	32	82	13	122,442	29,562	1,217
<u>Hamamatsu</u>	Hospitals of all types	1	78	2	5	1	-	5,508	474

RESTRICTED

MUNICIPAL HOSPITALS, CONVALESCENT HOMES, CLINICS, AND HEALTH ADVICE
OFFICES (1938) contd.

CITY	TYPE	No. of Institutions	No. of Beds	PERSONNEL			Out-Patients	Admissions	Patients Discharged
				Doctors	Nurses	Phar- macists			
<u>Shimonoseki</u>	Hospitals of all types	3	110	5	7	1	-	6,295	5,523
	Clinics	3	-	1	7	2	50,691	-	-
<u>Otaru</u>	Hospitals of all types	3	350	17	81	5	87,226	99,070	2,087
<u>Amagasaki</u>	Hospitals of all types	1	74	2	4	1	-	8,142	231
<u>Kokura</u>	Hospitals of all types	1	259	27	130	5	211,005	66,583	66,468
<u>Toyohashi</u>	Hospitals of all types	2	220	15	41	3	227,296	27,639	-
	Convalescent Homes	1	60	3	4	1	-	19,198	14,866
<u>Nagata</u>	Hospitals of all types	1	52	3	3	-	-	5,625	5,330
	Convalescent Homes	1	70	5	7	1	-	21,748	10,576
<u>Gifu</u>	Hospitals of all types	1	51	3	10	1	-	6,125	5,966
	Convalescent Homes	1	30	2	3	1	-	10,566	5,900
	Clinics	1	-	6	16	3	59,949	-	-
<u>Moji</u>	Hospitals of all types	1	124	2	3	1	387	6,896	309
<u>Tokushima</u>	Hospitals of all types	1	68	14	18	4	125,802	26,515	982

MUNICIPAL HOSPITALS, CONVALESCENT HOMES, CLINICS, AND HEALTH ADVICE
OFFICES (1938) contd.

CITY	TYPE	No. of Institutions	No. of Beds	PERSONNEL			Out-Patients	Admissions	Patients Discharged
				Doctors	Nurses	Phar- macists			
<u>Omuts</u>	Clinics	1	-	4	6	1	17,480	-	-
<u>Himeji</u>	Clinics	3	-	6	10	3	49,793	-	-
<u>Kofu</u>	Hospitals of all types	1	20	3	5	2	32,579	2,475	1,230
	Clinics	1	-	2	2	-	-	-	-
<u>Kochi</u>	Hospitals of all types	1	96	3	6	1	-	12,260	481
	Clinics	1	-	3	6	1	19,854	-	-
	Health Advice Offices	1	-	3	6	1	7,544	-	-
<u>Nishinomiya</u>	Clinics	2	-	8	12	4	152,312	-	-
<u>Aomori</u>	Hospitals of all types	1	24	7	22	1	93,901	6,801	6,791

RESTRICTED

Table III.

Notifiable Infectious Diseases

Disease:	cholera		dysentery		typhoid fever		paratyphoid fever	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths
1936	-	-	48,968	15,066	38,357	6,843	4,207	270
1937	-	-	52,075	15,740	36,938	6,467	4,776	293
1938	57	20	78,284	18,427	38,542	6,617	4,480	292

Disease:	smallpox		typhus fever		scarlet fever		diphtheria	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths
1936	135	16	17	1	13,071	360	13,693	1,951
1937	68	15	-	-	13,462	357	13,868	1,848
1938	32	2	2	-	13,948	352	13,749	1,748

- 175 -

Disease: epidemic cerebro. meningitis plague

1936	629	366	-	-
1937	516	341	-	-
1938	464	277	-	-

Table IV.
Number of Water Works Established in Japan

Prefectures	Cities	Towns & Villages	Towns & Village Unions	Prefc- tures	Private Ind.	Total	Number of houses sup- plied	Number of houses by 100 houses
Hokkaido	5	20	-	-	5	30	100,041	18.34
Aomori	2	1	-	-	1	4	21,332	13.18
Iwate	1	6	-	-	7	14	9,877	5.64
Miyage	2	18	-	-	3	23	39,000	19.75
Akita	1	-	-	-	-	1	9,166	5.23
Yamagata	4	14	-	-	-	18	19,583	10.60
Fukushima	4	9	-	-	-	13	31,182	11.44
Ibaraki	1	1	-	3	5	5	8,337	2.90
Tochigi	2	4	-	-	-	6	14,576	6.84
Gumma	3	1	-	-	-	4	22,830	10.14
Saitama	-	5	1	-	-	6	10,197	3.67
Chiba	1	2	-	1	6	10	13,772	4.69
Tokyo	2	6	-	-	4	12	970,725	75.39
Kanagawa	3	10	1	1	1	16	220,551	61.55
Nilgita	4	11	-	-	-	15	48,077	13.51
Toyama	2	3	-	-	-	5	7,676	4.96
Ishikawa	1	4	-	-	-	5	16,942	10.72
Fukui	1	2	-	-	-	3	20,808	15.58
Yamanashi	1	10	1	-	2	14	24,373	19.64
Nagano	5	28	1	-	-	14	49,219	14.79
Gifu	2	15	-	-	3	20	19,233	7.86
Shizuoka	4	20	-	1	-	25	37,136	10.67
Aichi	6	1	2	-	-	9	234,079	41.09
Mie	3	4	-	-	-	7	19,020	7.93
Shiga	1	-	-	-	-	1	5,855	3.87

Table IV. contd.
Number of Water Works Established in Japan

Prefectures	Cities	Towns & Villages	Towns & Village Unions	Prefectures	Private Ind.	Total	Number of houses supplied	Number of houses by 100 houses
Kyoto	3	23	-	-	2	28	167,973	47.51
Osaka	4	18	1	-	4	27	661,511	73.66
Hyogo	5	13	-	-	7	25	271,381	44.41
Nara	1	6	-	-	2	9	11,074	8.94
Wakayama	2	4	-	-	9	15	25,637	13.88
Tottori	2	8	-	1	-	11	14,529	15.28
Shimane	1	7	-	-	7	15	15,838	10.05
Okayama	3	13	1	-	-	17	48,062	17.06
Hiroshima	5	7	-	-	16	28	113,010	29.56
Yamaguchi	4	7	-	1	9	21	42,104	16.25
Tokushima	1	3	-	-	-	4	16,769	11.50
Kagawa	2	4	1	-	6	13	16,798	11.04
Ehime	3	21	-	-	1	25	15,293	6.29
Kochi	1	7	-	-	3	11	15,058	9.63
Fukuoka	10	7	-	-	1	18	144,300	27.03
Saga	2	4	-	-	1	7	12,120	9.49
Nagasaki	2	9	-	-	5	16	71,537	28.20
Kumamoto	1	7	-	-	-	8	25,677	9.05
Oita	3	4	-	-	1	8	20,177	10.33
Miyazaki	1	5	-	-	2	8	6,890	4.55
Kagoshima	1	8	1	-	2	12	24,435	7.35
Okinawa	1	-	-	-	-	1	3,531	2.80
Total	119	380	7	3	117	627	3,715,626	27.51

Table V.

List of Biologicals Approved by
Ministry of Welfare

Vaccine Lymph
Anti-diphtheric serum
 1. liquid form
 2. dried form
Liquid anti-tetanic serum
Anti-dysenteric serum
Serum against dysentery and Chara bacillus
Anti-typhoid serum
Anti-paratyphoid serum
Anti-cholera serum
Anti-tubercle bacilli serum
Anti-pneumococcic serum
Anti-meningococcic serum
Anti-streptococcic serum
Anti-anthrax serum
Serum against ictero-hemorrhagic spirochaete
Normal horse serum
Old tuberculin
New tuberculin
Diphtheria preventitives
Scarlet fever preventitives
Dysentery bacilli vaccine
Typhoid bacilli vaccine
Para-typhoid mixed vaccine
Mixed typhoid-paratyphoid vaccine
Cholera vaccine
Colon bacilli vaccine
Tubercle bacilli vaccine
Pneumococci vaccine
Pfeiffers bacilli vaccine
Pertussis vaccine
Meningococci vaccine
Streptococci vaccine
Staphylococci vaccine
Chancroid bacilli vaccine
Gonococci vaccine
Ictero-hemorrhagic spirochaete vaccine
Anti-rabic vaccine for dogs
Anti-rabic vaccine for man
Typhoid bacilli-oral vaccine
Dysentery bacilli-oral vaccine
Typhoid diagnosticum
Para-typhoid diagnosticum
Plague serum
Anti-snake venom

Table VI.Number of Officials in Department of Health and Sanitation

clerks	assistant infectious disease prevention officials	assistant experts	clerks	assistant experts	assistant medical officers	clerks	assistant medical experts
--------	---	----------------------	--------	----------------------	----------------------------------	--------	---------------------------------

Hannin officials

15	8	2	27	8	13	2	23	2	6
----	---	---	----	---	----	---	----	---	---

Shyokutaku

30	45	4	23	2
----	----	---	----	---

Employees

58	82	5	34	7
----	----	---	----	---

RESTRICTED

RESTRICTED

- 180 -

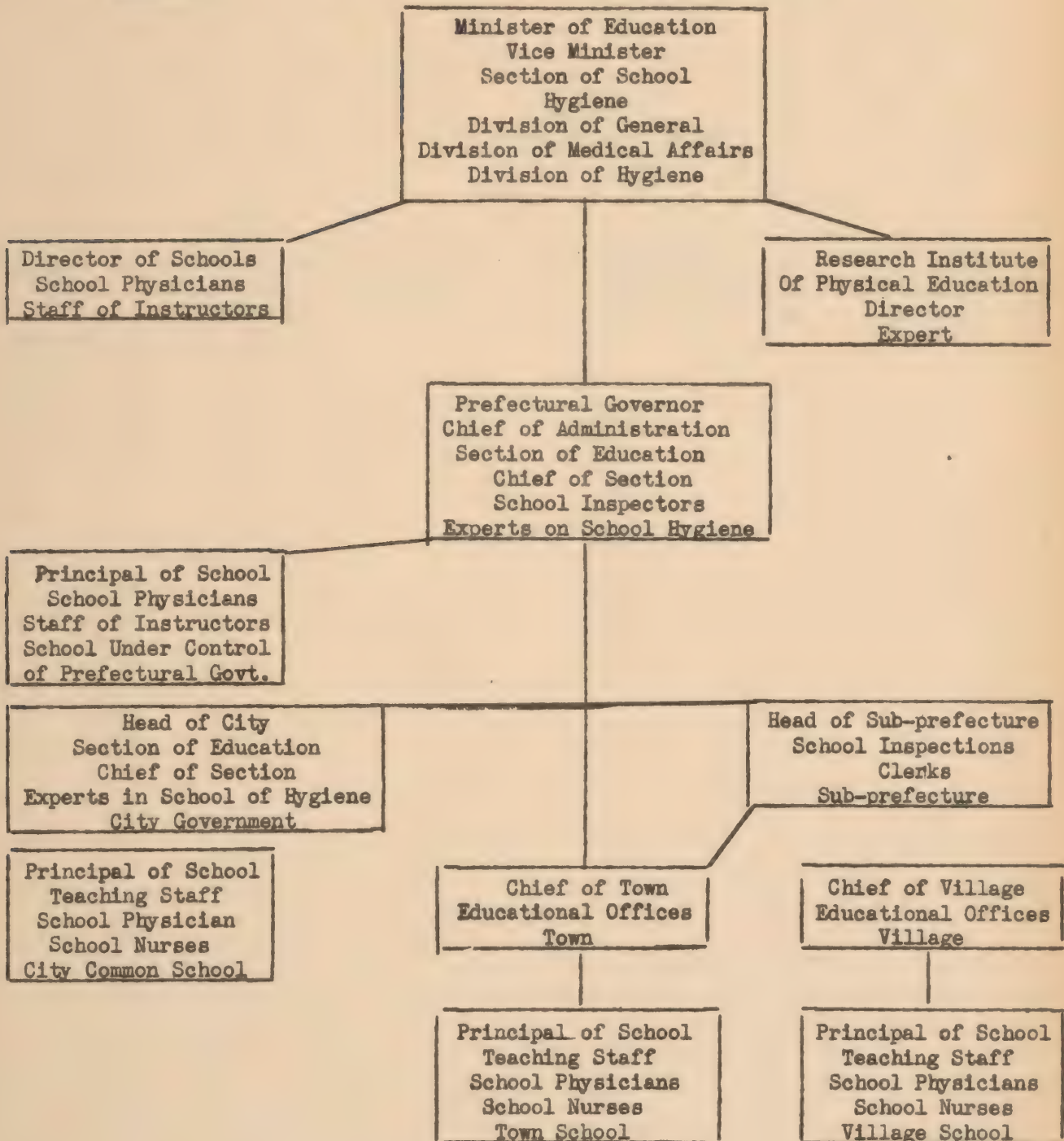
Table VII.

Number of Officials in Department of Health and Sanitation

	Sanitary Bureau				Hygienic Labs.	Nutrition Institute	Natl. Lepro- saria	Natl. Sana- torium			
	Director	Secretary	Commissioner	Experts	Experts	Experts	Med. Off.	Commissioner	Med. Off.	Chemist	Commissioner
<u>High Officials</u>											
1st Grade	-	-	-	-	-	-	-	-	-	-	-
2nd Grade	1	-	-	3	1	-	-	-	-	-	-
3rd Grade	-	3	-	16	10	6	2	-	-	-	-
4th Grade	-	-	-	-	3	-	1	-	-	-	-
5th Grade	-	-	2	2	1	-	6	1	1	-	1
6th Grade	-	-	1	1	2	-	4	-	2	-	-
7th Grade	-	-	-	1	4	-	3	-	-	3	-
8th Grade	-	-	-	-	-	-	-	-	-	-	-
Total	1	3	3	23	21	6	16	1	3	3	1

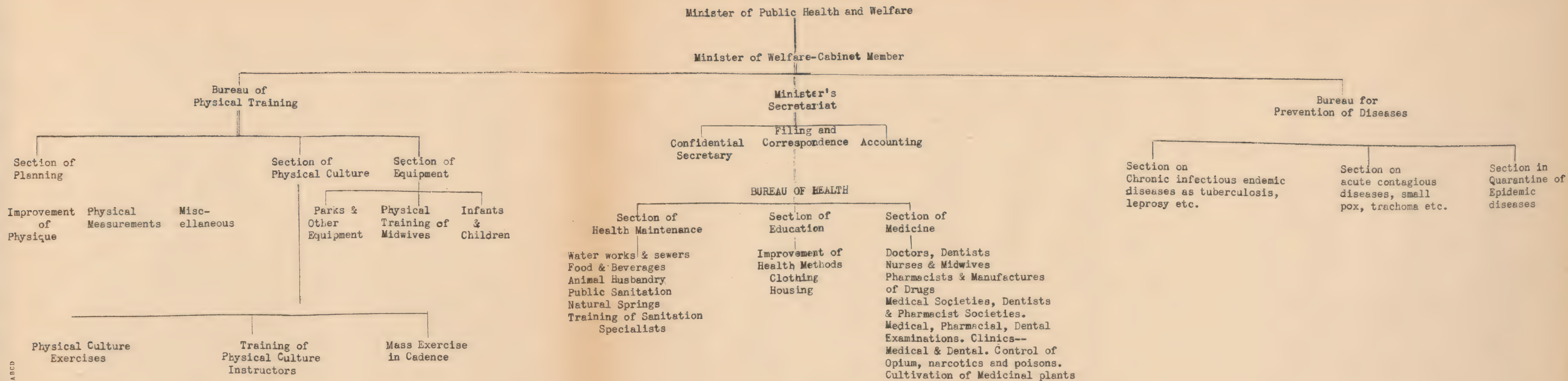
Table VIII.

Administration of School Hygiene in Japan



RESTRICTED

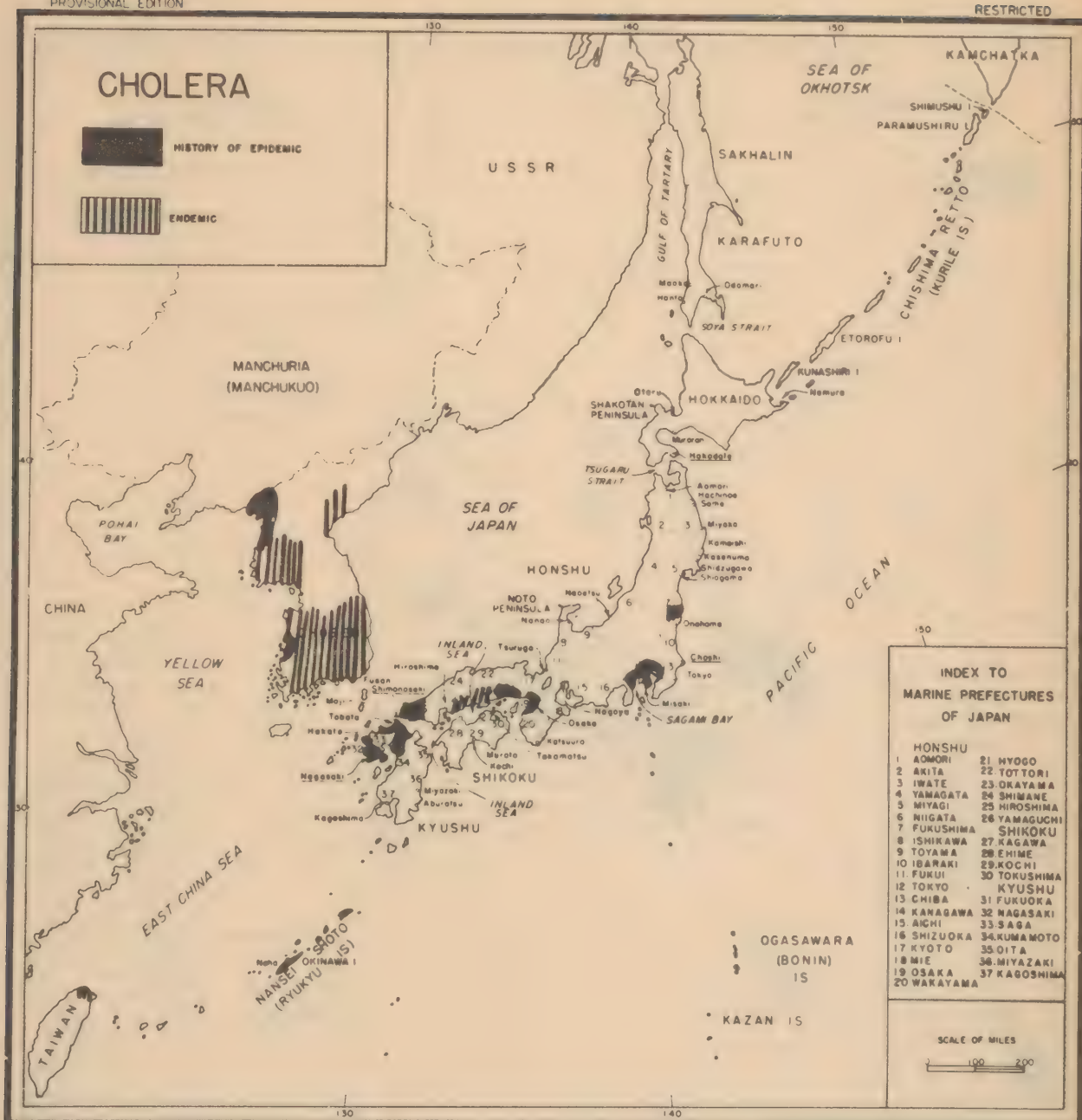
Table IX.



RESTRICTED

PROVISIONAL EDITION

RESTRICTED



MAP NO 625, JUNE 20, 1942

REPRODUCED BY THE OSS REPRO SECTION

DRAWN IN THE GEOGRAPHY DIVISION, OSS

RESTRICTED

24-02621ABCD

PROVISIONAL EDITION

RESTRICTED



MAP NO. 625, JUNE 20, 1942

REPRODUCED BY THE OSS REPRO SECTION

DRAWN IN THE GEOGRAPHY DIVISION, OSS

RESTRICTED

24-62621ABCD

PROVISIONAL EDITION

RESTRICTED



MAP NO. 625, JUNE 20, 1942

REPRODUCED BY THE OSS REPRO. SECTION

DRAWN IN THE GEOGRAPHY DIVISION, O.S.S.

RESTRICTED

24-02021ABCD



84-02021ABCD

PROVISIONAL EDITION

RESTRICTED



MAP NO. 625, JUNE 20, 1942

REPRODUCED BY THE OSS REPRO. SECTION

DRAWN IN THE GEOGRAPHY DIVISION, O.S.S.

RESTRICTED

24-62621ABCD

PROVISIONAL EDITION

RESTRICTED



MAP NO 625, JUNE 20, 1942

REPRODUCED BY THE OSS REPRO. SECTION

DRAWN IN THE GEOGRAPHY DIVISION, O.S.S.

RESTRICTED

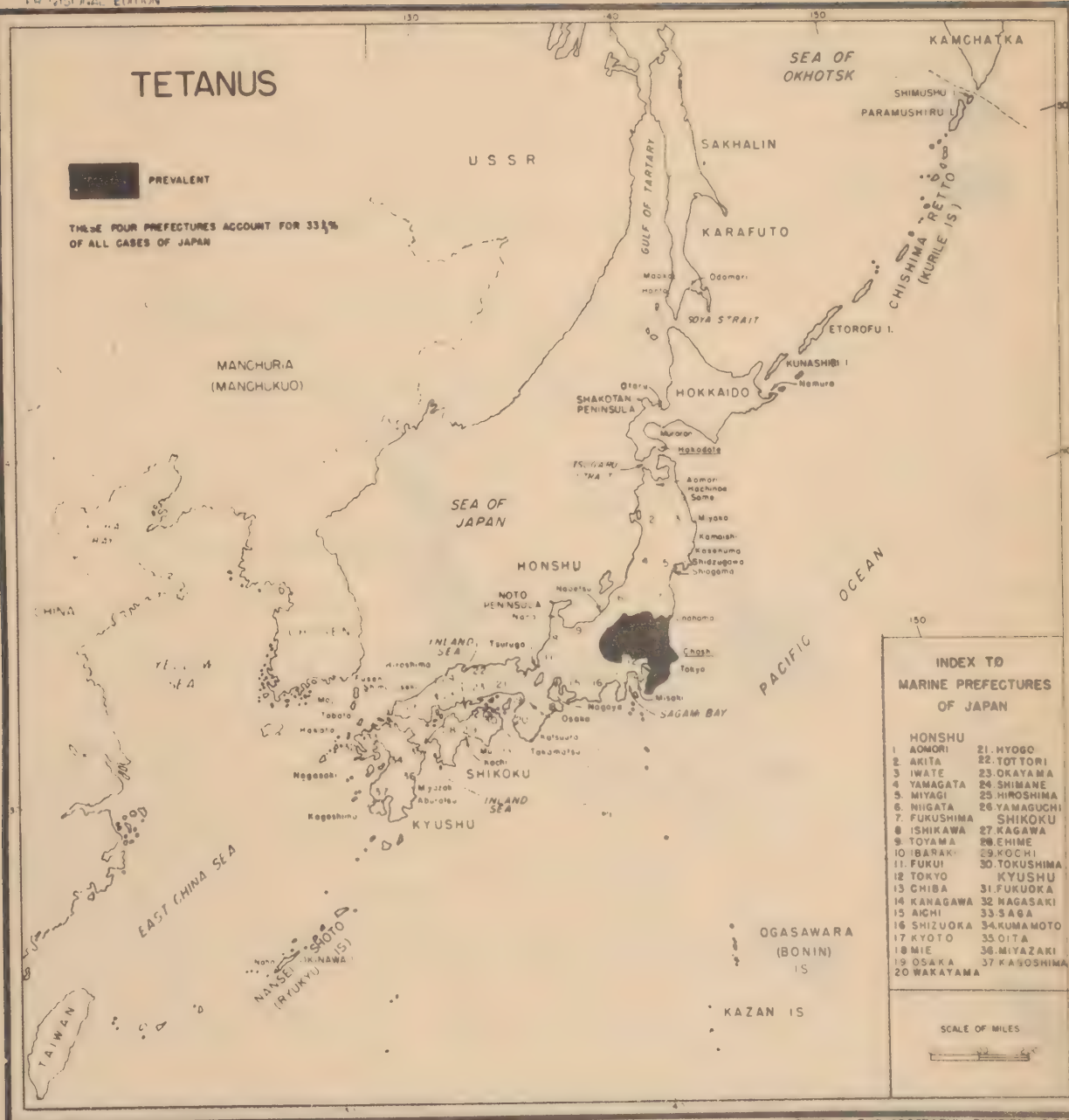
1:400,000 SCALE

RESTRICTED

TETANUS

PREVALENT

THESE FOUR PREFECTURES ACCOUNT FOR 33% OF ALL CASES OF JAPAN



INDEX TO MARINE PREFECTURES OF JAPAN	
HONSHU	
1. AOMORI	21. HYOGO
2. AKITA	22. TOTTORI
3. IWATE	23. OKAYAMA
4. YAMAGATA	24. SHIMANE
5. MIYAGI	25. SHIROSHIMA
6. NIIGATA	26. YAMAGUCHI
7. FUKUSHIMA	27. KAGAWA
8. ISHIKAWA	28. EHIME
9. TOYAMA	29. KOCHI
10. IBARAKI	30. TOKUSHIMA
11. FUKUI	31. FUKUOKA
12. TOKYO	32. NAGASAKI
13. CHIBA	33. SAGA
14. KANAGAWA	34. KUMAMOTO
15. AICHI	35. OITA
16. SHIZUOKA	36. MIYAZAKI
17. KYOTO	37. KAGOSHIMA
18. Mie	
19. OSAKA	
20. WAKAYAMA	

SCALE OF MILES

MAP NO. 625, JUNE 20, 1942

REPRODUCED BY THE OSS REPRO SECTION

DRAWN IN THE GEOGRAPHY DIVISION, OSS

RESTRICTED

24-88821AB-9

PROVISIONAL EDITION

NO. 1000, 1000

TYPHUS FEVER



MITE BORNE



LOUSE BORNE



INDEX TO MARINE PREFECTURES OF JAPAN

HONSHU	
1. AOMORI	21. HYOGO
2. AKITA	22. TOTTORI
3. IWATE	23. ORAYAMA
4. YAMAGATA	24. SHIMANE
5. MIYAGI	25. HIROSHIMA
6. NIIGATA	26. YAMAGUCHI
7. FUKUSHIMA	27. KAGAWA
8. ISHIKAWA	28. EHIME
9. TOYAMA	29. KOCHI
10. IBARAKI	30. TOKUSHIMA
11. FUKUI	31. KYUSHU
12. TOKYO	32. FUKUOKA
13. CHIBA	33. NAGASAKI
14. KANAGAWA	34. KUMAMOTO
15. AICHI	35. OITA
16. SHIZUOKA	36. MIYAZAKI
17. KYOTO	37. KAGOSHIMA
18. MIE	38. WAKAYAMA
19. OSAKA	
20. WAKAYAMA	

SCALE OF MILES



MAP NO. 625, JUNE 20, 1942

REPRODUCED BY THE OSS REPRO. SECTION

DRAWN IN THE GEOGRAPHY DIVISION, OSS

RESTRICTED

24-32621ABCD

RESTRICTED

A METHOD OF OBTAINING A

JAPANESE MEDICAL HISTORY OUTLINE

診療記録

- I. Explanation
- II. Introductory Remarks
- III. Medical History
 - 1. Specific Diseases including Venereal
 - 2. Injuries and Operations
 - 3. History by Systems - Present and Past
 - 4. Immunizations
- IV. Examination Commands and Directions
- V. Time Determination and Additional Vocabulary

RESTRICTED

RESTRICTED

GENERAL

This outline is prepared as a practical instrument which a medical officer in the field may use to obtain case histories from non-English speaking Japanese under his care. It does not cover the field exhaustively or technically but is designed so that by use of relatively few words and phrases a medical officer may obtain important diagnostic facts in the absence of an interpreter.

The outline allows the medical officer two methods of approach. He may read aloud the appropriate Anglicized questions which appear below or opposite their English equivalents. If this proves impractical he may, by pointing at the appropriate Japanese text, have the patient himself read the selected questions. To either of the above, the response will be "hai" (yes), "iiye" (no), or "shirimasen" (I don't know). In order to confine the patient's verbal responses to these three expressions, sentence #3 on page #4 should be impressed upon him at the outset.

Note also the questions in Section III (pages 5 to 9) can be framed in either the 2nd or 3rd person. The information may thus be obtained through a third party when the patient is incapable of intelligent response.

It is suggested that before a medical officer attempts to use this outline, he thoroughly familiarize himself with the plan of its contents. It is not intended that words or phrases herein be memorized, but rather that emphasis be placed upon proper pronunciation in reading the questions aloud. To this end, the vowels are pronounced as follows: a - "ah", e - "eh", i - "ee", o - "oh", and u - "oo". Consonants are pronounced as in English.

SECTION III

The sentences in Section II are to be used as an approach to the patient and at the same time instruct him that he is to answer only "yes", "no", or "I don't know".

It will be necessary for the medical officer to learn to recognize by sound no more than the three Japanese expressions:

"hai" - pronounced "hah-ee" - (yes)

"iiye" - pronounced "ee-eh" - (no)

"shirimasen" - pronounced "shi-ri-ma-sen" - (I don't know)

RESTRICTED

SECTION III

In Section III-1 on page #5 are listed four key sentences. Two of these are in the 2nd person and two are in the 3rd person. By selecting the desired word from the list of diseases and inserting it in the blank space of the key sentence, the past medical history may be obtained.

Section III-2 contains English questions and their Japanese equivalents which are individually complete in themselves. Questions 1 to 6 (page #8) inclusive will elicit only the responses "yes", "no", or "I don't know". The responses to sentences 7 and 8 are merely physical indications.

The purpose of Section III-3 is to obtain the medical history by systems--either present or past. To determine the presence of disease or abnormality use successively in key question (1), (2), (3), or (4) the names of the organs in the extreme left column. To determine the nature of symptoms, use successively in key question (5) the symptoms listed in the middle and right columns.

For the amplification of symptoms in certain important organs, several questions complete in themselves have been added under the heading "Additional". They are self explanatory with the exception of question #3 on page #14. This question is used to determine which of two symptoms occurred first.

Section III-4 is used to obtain immunization data by inserting the desired words in the proper key sentence. These questions will be answered only "yes", "no", or "I don't know"

SECTION IV

Section IV consists of a series of simple self-explanatory commands and questions to be used at the time of physical examination.

SECTION V

Section V-1 is used to determine approximate duration or time of occurrence without using the complicated Japanese numerical system.

Section V-2 is an additional list of less important or more uncommon diseases or conditions. These words are to be used with the key questions of Section III-1, page #5.

II

INTRODUCTORY REMARKS

1. I am a medical officer.
私は軍醫です。
Watakushi wa guni desu.
2. I want to inquire about your health.
貴方の健康状態を知り度いのです。
Anata no kenkō jōtai wo shiritai no desu.
3. Answer questions only "yes", "no", or "I don't know".
「はい」か「いいえ」又は「しりません」とだけ答へて下さい。
"Hai" ka "iie" matawa "shirimasen" to dake kotayete kudasai.
4. Do you understand?
分りますか。
Wakari masu ka?
5. Do you smoke?
煙草を喫みますか。
Tabako wo nomi masu ka?
6. Are you married?
貴方は結婚して居ますか。
Anata wa kekkon shite imasuka?
7. Is your wife well?
奥さんは達者ですか。
Okusan wa tassha desu ka?

INTRODUCTORY REMARKS II (Cont'd)

8. Are you well?

貴方は達者ですか。

Anata wa tassha desu ka?

III-1

SPECIFIC DISEASES INCLUDING VENEREAL

1. Did you ever have _____?

貴方は _____ に罹りましたか。

Anata wa _____ ni kakari mashita ka?

2. Were you treated for _____?

貴方は _____ の治療を受けましたか。

Anata wa _____ no chiryō wo uke mashita ka?

3. Did he ever have _____?

彼の人 は _____ に罹りましたか。

Ano hito wa _____ ni kakari mashita ka?

4. Was he treated for _____?

彼の人 は _____ の治療を受けましたか。

Ano hito wa _____ no chiryō wo uke mashita ka?

RESTRICTED

SPECIFIC DISEASES INCLUDING VENEREAL III-1 (Cont'd)

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
ANEMIA	貧血	HINKETSU
ARTHRITIS	關節炎	KANSETSUEN
ASTHMA	喘息	ZENSOKU
CANCER	癌	GAN
CHOLERA	虎列刺	KORERA
CHRONIC RESPIRATORY DISEASE	氣管支加答兒	KIKANSHI-KATARU
DIABETES	糖尿病	TŌNYŌBYŌ
DIPHTHERIA	實布的里亞	JIFUTERIYA
DYSENTERY	赤痢	SEKIRI
EPILEPSY (Fits)	癲癇	TENKAN
INFLAMMATORY RHEUMATISM	炎症性癱瘓質斯	ENSHŌSEI-RYŪMACHI
INSANITY	精神病	SEISHINBYO
LEPROSY	癩病	RAIBYŌ
MALARIA	麻拉利亞	MARARIYA
NEURITIS	神經痛	SHINKEITSŪ
PARALYSIS (Stroke)	中氣	CHUKI
PLEURISY	肋膜炎	ROKUMAKUEN
PNEUMONIA	肺炎	HAIEN
SCARLET FEVER	猩紅熱	SHŌKŌ-NETSU
SMALLPOX	天然痘	TENNENTŌ
TUBERCULOSIS GENERAL	結核	KEKKAKU

RESTRICTED

SPECIFIC DISEASES INCLUDING VENEREAL III-1 (Cont'd)

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
TUBERCULOSIS APICAL - MINIMAL	肺尖加答兒	HAISEN-KATARU
TYPHOID FEVER	腸窒扶斯	CHŌ-CHIBUSU
TYPHUS	窒扶斯	CHIBUSU
WHOOPING COUGH	百日咳	HYAKU-NICHI-SEKI
YELLOW FEVER	黃熱病	ŌNETSUBYŌ
.		
BLADDER DISEASE	膀胱病	BŌKŌBYŌ
BONE DISEASE	骨の病氣	HONE NO BYŌKI
HEART DISEASE	心臟病	SHINZŌBYŌ
JOINT DISEASE	關節の病氣	KANSETSU NO BYŌKI
KIDNEY DISEASE	腎臟病	JINZŌBYŌ
LIVER DISEASE	肝臟病	KANZŌBYŌ
NERVOUS OR MENTAL DISEASE	神經衰弱	SHINKEI-SUIJAKU
RECTAL DISEASE	肛門の病氣	KŌMON NO BYŌKI
SKIN DISEASE	皮膚病	HIFUBYŌ
STOMACH DISEASE	胃の病氣	I NO BYŌKI
VENEREAL DISEASE	花柳病	KARYŪBYŌ
GONORRHEA	淋病	RIMBYŌ
SYPHILIS	梅毒	BAIDOKU
CHANCROID	橫痃	YOKONE

III-2

INJURIES AND OPERATIONS

1. Did you ever have a fracture?
骨を折った事がありますか。
Hone wo otta koto ga arimasuka?
2. Did he ever have a fracture?
彼の人 は 骨を折った事がありますか。
Ano hito wa hone wo otta koto ga arimasuka?
3. Did you ever have a wound?
前に負傷を受けた事がありますか。
Maye ni fushō wo uketa koto ga arimasuka?
4. Did he ever have a wound?
彼の人 は 前に負傷を受けた事がありますか。
Ano hito wa maye ni fushō wo uketa koto ga arimasuka?
5. Did you ever have a surgical operation?
前に手術を受けた事がありますか。
Maye ni shujutsu wo uketa koto ga arimasuka?
6. Did he ever have a surgical operation?
彼の人 は 前に手術を受けた事がありますか。
Ano hito wa maye ni shujutsu wo uketa koto ga arimasuka?
7. Show me where.
何處か見せて下さい。
Doko ka misete kudasai.

INJURIES AND OPERATIONS III-2 (Cont'd)

8. Show me the scar.

傷を見せて下さい。

Kizu wo misete kudasai.

III-3

HISTORY BY SYSTEMS

1. Do you have trouble with _____?

貴方は _____ の病氣がありますか。

Anatawa _____ no byoki ga arimasu ka?

2. Did you have trouble with _____?

貴方は _____ の病氣がありましたか。

Anatawa _____ no byoki ga arimashita ka?

3. Does he have trouble with _____?

彼の人 は _____ の病氣がありますか。

Ano hito wa _____ no byoki ga arimasu ka?

4. Did he have trouble with _____?

彼の人 は _____ の病氣がありましたか。

Ano hito wa _____ no byoki ga arimashita ka?

5. Is it _____?

_____ ですか。

_____ desu ka?

RESTRICTED

HISTORY BY SYSTEMS III-3 (Cont'd)

GENERAL

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
MUSCLE WEAKNESS	衰弱	SUIJAKU
NERVOUSNESS	神経過敏	SHINKEI-KABIN
INSOMNIA	不眠症	FUMINSHŌ
EXCESSIVE PERSPIRATION	大汗	ŌASE
CHILLS	寒氣	SAMUKE
FEVER	熱	NETSU
LOSS OF WEIGHT	體重の減少	TAIJŪ NO GENSHŌ
GAIN OF WEIGHT	體重の増加	TAIJŪ NO ZŌKA
<u>SKIN</u>	<u>皮膚</u>	<u>HIFU</u>
DRYNESS	皮膚の乾	HIFU NO KAWAKI
ITCHING	痒い	KAYUI
RASH	吹出物	FUKIDE MONO
BURNING	ひりひり痛い	HIRI-HIRI ITAI
REDNESS	赤い	AKAI
<u>EYES</u>	<u>眼</u>	<u>ME</u>
PAIN	痛み	ITAMI
SMARTING	ひりひり痛い	HIRI-HIRI ITAI
BLURRED VISION	霞目	KASUMI-ME
DOUBLE VISION	複視	FUKUSHI

RESTRICTED

HISTORY BY SYSTEMS III-3 (Cont'd)

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
WATERING	涙眼	NAMIDA-ME
NEAR SIGHTEDNESS	近眼・近視	KINGAN, KINSHI
FAR SIGHTEDNESS	遠視	ENSHI
<u>EARS</u>	<u>耳</u>	<u>MIMI</u>
PAIN	痛み	ITAMI
RUNNING	耳滴れ	MIMI-DARE
RINGING	耳鳴り	MIMI-NARI
DEAFNESS	聾	TSUMBO
DIZZINESS	眩暈	MEMAI
<u>NOSE</u>	<u>鼻</u>	<u>HANA</u>
PAIN	痛み	ITAMI
BLEEDING	鼻血	HANA-JI
SECRETION (Running)	鼻滴	HANA-DARE
SNEEZING	嚏	KUSHAMI
OBSTRUCTION	詰り	TSUMARI
<u>THROAT</u>	<u>喉</u>	<u>NODO</u>
PAIN	痛み	ITAMI
COUGH	咳	SEKI
HOARSENESS	嗄聲	KAREGOE
DRYNESS	喉の乾	NODO NO KAWAKI
CHOKING SENSATION	塞がるやうな氣持	FUSAGARU YŌNA KIMOCCHI

RESTRICTED

HISTORY BY SYSTEMS III-3 (Cont'd)

1. Is it difficult to swallow?

飲み込みの困難ですか。

Nomi komi no konnan desu ka?

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
TOOTHACHE	歯の痛	HA-ITAMI
<u>NECK</u>	<u>頸</u>	<u>KUBI</u>
PAIN	痛み	ITAMI
SWELLING	頸の腫れ	KUBI NO HARE
STIFFNESS	強張り	KOWABARI
<u>CHEST</u>	<u>胸</u>	<u>MUNE</u>
PAIN	痛み	ITAMI
PALPITATION	動悸	DOKI
<u>HEART</u>	<u>心臓</u>	<u>SHINZO</u>
MISSED BEATS (Irregularity)	鼓動の變調	KODŌ NO HENCHŌ
SHORTNESS OF BREATH	息切れ	IKI-GIRE
FLUSHING OF THE FACE	顔が赤くなる	KAO GA AKAKU NARU
BLUENESS OF NAILS	爪が青白くなる	TSUME GA AOJIROKU NARU
SWELLING OF THE ANKLES	足首の浮腫	ASHI KUBI NO MUKUMI

HISTORY BY SYSTEMS III-3 (Cont'd)

ADDITIONAL

1. Is it made worse by exercise?

運動したら悪くなりますか。

Undō shitara yoku narimasu ka?

2. Is it improved by rest?

休んだら良くなりますか。

Yasundara yoku narimasu ka?

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
<u>LUNGS</u>	<u>肺</u>	<u>HAI</u>
PAIN	痛み	ITAMI
COUGH	咳	SEKI
EXPECTORATION	痰を吐く	TAN WO HAKU
SPITTING OF BLOOD	血を吐く	CHI WO HAKU
SHORTNESS OF BREATH	息切れ	IKI-GIRE
<u>ABDOMEN</u>	<u>腹</u>	<u>HARA</u>
Stomach	胃	I
Liver	肝臓	Kanzō
Intestine	腸	Chō
Rectum	肛門	Kōmon
Gall Bladder	膽嚢	Tannō
PAIN	痛み	ITAMI

HISTORY BY SYSTEMS III-3 (Cont'd)

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
CRAMPY	痙攣	KEIREN
DULL ACHING	重苦しい痛み	OMOGURUSHII ITAMI
THROBBING	づきづき	ZUKI-ZUKI
KNIFE-LIKE PAIN	剃るやうに痛い	EGURU YŌ NI ITAI
DIARRHEA	下痢	GERI
CONSTIPATION	便秘	BEMPI
BLOATED	腹が張る	HARA GA HARU
BELCHING	噯氣、	AIKI (OKUBI, GEPPU)
PILES	痔	JI

ADDITIONAL

1. Is there nausea?

吐氣がしますか。

Hakike ga shimasu ka?

2. Is there vomiting?

吐きますか。

Hakimasu ka?

3. Did the
- X
- come before the
- Y
- ?

 X が Y の前に来ましたか。 X ga Y no maye ni kimashita ka?

4. Is your appetite good?

食慾はいいですか。

Shokuyoku wa ii desu ka?

HISTORY BY SYSTEMS III-3 (Cont'd)

ADDITIONAL

5. Was there blood when you vomited?
吐いた時に血がありましたか。
Haita toki ni chi ga arimashita ka?
6. Are the stools bloody?
糞便の中に血がありますか。
Funben no naka ni chi ga arimasu ka?
7. Are the stools black?
糞便が黒いですか。
Funben ga kuroi desu ka?
8. Are the stools gray?
糞便が灰色ですか。
Funben ga haiiro desu ka?
9. How many times?
何度位ですか。
Nando gurai desu ka?
10. If you eat, does it get worse?
食べたう悪くなりますが。
Tabetara waruku narimasu ka?
11. Do greasy foods bother you most?
油物が一番悪いですか。
Abura mono ga ichiban warui desu ka?
12. Was it bitter when you vomited?
吐いた時に苦かったですか。
Haita toki ni nigai deshita ka?

HISTORY BY SYSTEMS III-3 (Cont'd)

13. Was it sour when you vomited?

吐いた時に酸いでしたか。

Haïta toki ni suii deshita ka?

ENGLISHJAPANESEROMAJI

KIDNEYS

腎臓

JINZO

BLADDER

膀胱

BŌKŌ

PENIS

陰莖

INKEI

TESTICLES

睪丸

KŌGAN (Kintama)

1. Is there pain in the kidneys?

腎臓の痛みですか。

Jinzo no itami desu ka?

2. Is there pain in the groin?

股根の痛みですか。

Momone no itami desu ka?

3. Is there smarting of urination?

小便の痛みですか。

Shōben no itami desu ka?

4. Is there pain in the testicles?

睪丸の痛みですか。

Kintama no itami desu ka?

5. Is there frequent urination?

小便が頻繁ですか。

Shōben ga hinpan desu ka?

HISTORY BY SYSTEMS III-3 (Cont'd)

6. Is there urethral discharge of pus?
膿の小便ですか。
Umi no shōben desu ka?
7. Is there chills?
寒氣ですか。
Samuke desu ka?
8. Is there scanty urine?
小便が少いですか。
Shoben ga sukunai desu ka?
9. Is there blood in the urine?
血の小便ですか。
Chi no shoben desu ka?
10. Is there inability to urinate?
小便が出来ますか。
Shoben ga dekimasu ka?

ADDITIONAL

1. Have you had sexual intercourse lately?
最近肉體關係をしましたか。
Saikin nikutai kankei wo shimashita ka?
2. Have you been treated for syphilis?
梅毒の治療を受けましたか。
Baidoku no chiryō wo uke mashita ka?

IMMUNIZATION

1. Were you immunized against _____?

貴方は _____ の免疫治療を受けましたか。

Anata wa _____ no menyeki chiryo wo uke mashita ka?

2. Was he immunized against _____?

彼の人 は _____ の免疫治療を受けましたか。

Ano hito wa _____ no menyeki chiryo wo uke mashita ka?

ENGLISHJAPANESEROMAJI

CHOLERA

虎列刺

KORERA

PLAGUE

ペスト・黒死病

PESUTO (Kokushi-byo)

SMALLPOX

天然痘

TENNEN-TŌ

TETANUS

破傷風

HASHŌFŪ

TYPHOID FEVER

腸壑扶斯

CHŌ CHIBUSU

TYPHUS

壑扶斯

CHIBUSU

YELLOW FEVER

黄熱病

ŌNETSU-BYŌ

IV

EXAMINATION COMMAND AND DIRECTIONS

1. Take your clothes off.

着物を脱げ。

Kimono wo nuge.

EXAMINATION COMMAND AND DIRECTIONS IV (Cont'd)

2. Get dressed.

着物を着ろ。

Kimono wo kiro.

3. Turn around.

廻れ。

Maware.

4. Stand up.

立て。

Tate

5. Sit down.

坐れ。

Suware.

6. Open your mouth.

口を開け。

Kuchi wo ake.

7. Put out your tongue.

舌を出せ。

Shita wo dase.

8. Put out your arm.

腕を出せ。

Ude wo dase.

9. Put out your hand.

手を出せ。

Te wo dase.

RESTRICTED

EXAMINATION COMMAND AND DIRECTIONS IV (Cont'd)

10. Take a deep breath.
深呼吸しろ。
Shin kōkyu shiro.
11. Cough.
咳をしろ。
Seki wo shiro.
12. Hold your breath.
息を止めろ。
Iki wo tomero.
13. Look up.
上を見ろ。
Uye wo miro.
14. Look down.
下を見ろ。
Shita wo miro.
15. Bend over.
前に屈め。
Mae ni kagame.
16. Lie down.
横になれ。
Yoko ni nare.
17. Do as I do.
私の真似をしろ。
Watashi no mane wo shiro.

RESTRICTED

EXAMINATION COMMAND AND DIRECTIONS IV (Cont'd)

18. Take this.

此れを飲め。

Kore wo nome.

19. Urinate in this.

此れに小便をしろ。

Kore ni shōben wo shiro.

20. Shut up.

黙れ。

Damare.

21. Does this hurt?

飲いか。

Itai ka?

22. Does this hurt more than this?

此れはもっと痛いか。

Kore wa motto itai ka?

23. Relax.

楽にしろ。

Rakuni shiro.

TIME DETERMINATION AND ADDITIONAL VOCABULARYHOW TO DETERMINE
ROUGH DURATION OR TIME OF OCCURRENCE

1. Has it been within the past day?
其れは昨日でしたか。
Sore wa saku-jitsu deshita ka?
2. Has it been within the past week?
其れは先週でしたか。
Sore wa senshū deshita ka?
3. Has it been within the past month?
其れは先月でしたか。
Sore wa sengetsu deshita ka?
4. Has it been within the past year?
其れは一年以内でしたか。
Sore wa ichinen inai deshita ka?
5. Show by holding up your fingers how many hours ago.
指で何時間前か言つて下さい。
Yubi de nan jikan maye ka itte kudasai.
6. Show by holding up your fingers how many days ago.
指で何日前か言つて下さい。
Yubi de nan nichī maye ka itte kudasai.
7. Show by holding up your fingers how many weeks ago.
指で何週間前か言つて下さい。
Yubi de nan shū maye ka itte kudasai.

TIME DETERMINATION AND ADDITIONAL VOCABULARY V (Cont'd)

8. Show by holding up your fingers how many months ago.

指で何か月前か言つて下さい。

Yubi de nan kagetsu maye ka itte kudasai.

9. Show by holding up your fingers how many years ago.

指で何年前か言つて下さい。

Yubi de nan nen maye ka itte kudasai.

ADDITIONAL VOCABULARY

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
ASTIGMATISM	亂視	RANSI
BERI-BERI	脚氣	KAKKE
CHICKENPOX	水疱瘡	MIZU-BOSO
FEBRILE DISEASE (Type not specified)	熱病	NETSU-BYŌ
FOOD POISONING	食中り	SHOKUATARI
HAY FEVER	枯草病	KAREKUSA-BYŌ
HIGH BLOOD PRESSURE	高血壓	KO-KETSUATSU
HOOKWORM	十二指腸病	JUNISHICHŌ-BYŌ
JAUNDICE	黃疸	ŌDAN
MEASLES	麻疹	HASHIKA
MUMPS	阿多福風邪	OTAFUKU-KAZE
PEDICULOSIS	虱	SHIRAMI
PEPTIC ULCER	胃潰瘍	IKAIYŌ
POISON IVY	感れ	KABURE

UNCLASSIFIED

~~RESTRICTED~~

TIME DETERMINATION AND ADDITIONAL VOCABULARY V (Cont'd)

<u>ENGLISH</u>	<u>JAPANESE</u>	<u>ROMAJI</u>
SINUSITIS	蓄膿症	CHIKUNO-SHŌ
TRACHOMA	トラホーム	TORAHŌMU
TSUTSUGAMUSHI DISEASE	恙虫病	TSUTSUGAMUSHI-BYŌ
ELEPHANTIASIS	象皮病	ZŌHI-BYŌ
X - RAY	X光線	HEKUSU KOSEN

~~RESTRICTED~~

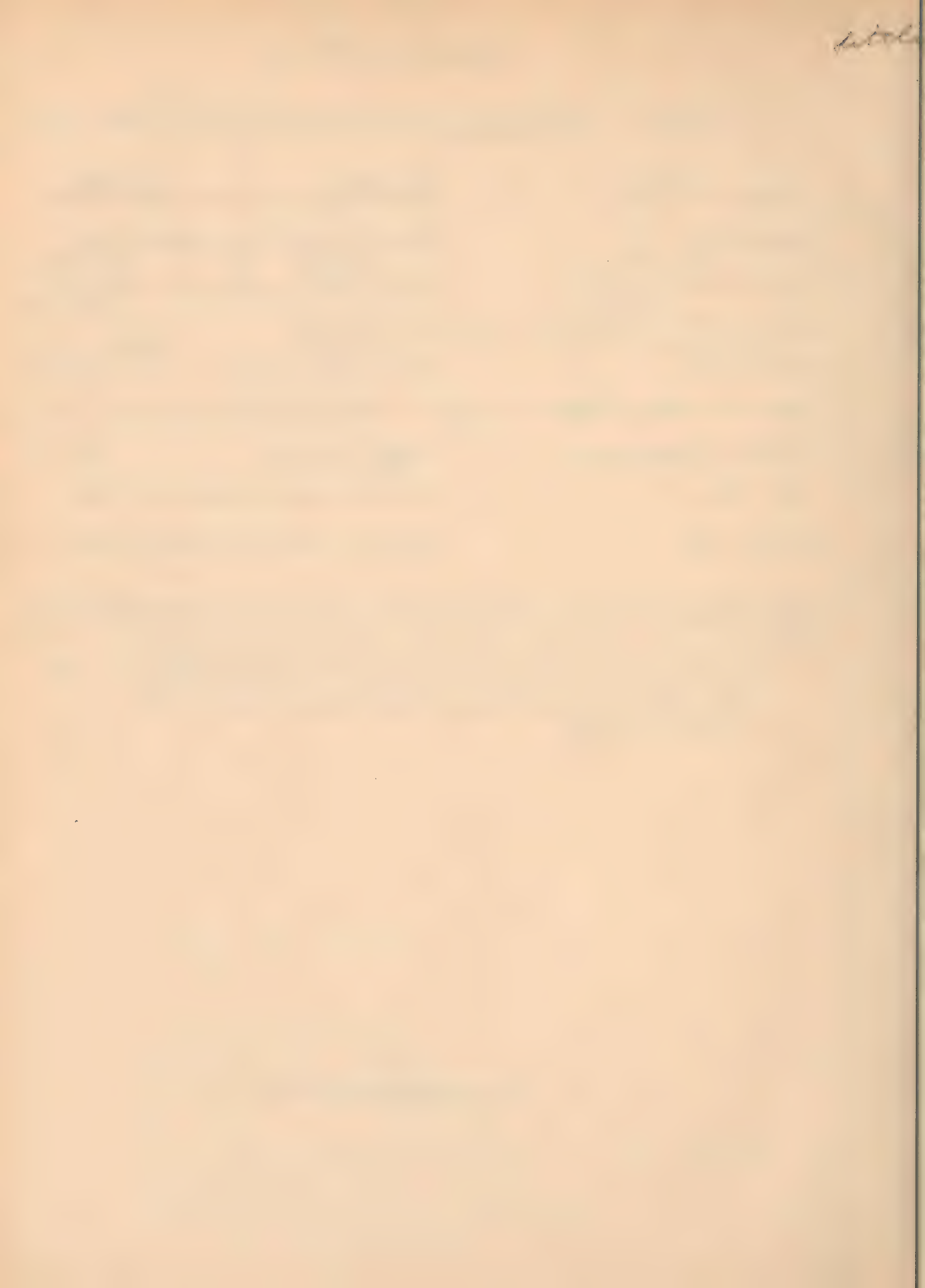
UNCLASSIFIED

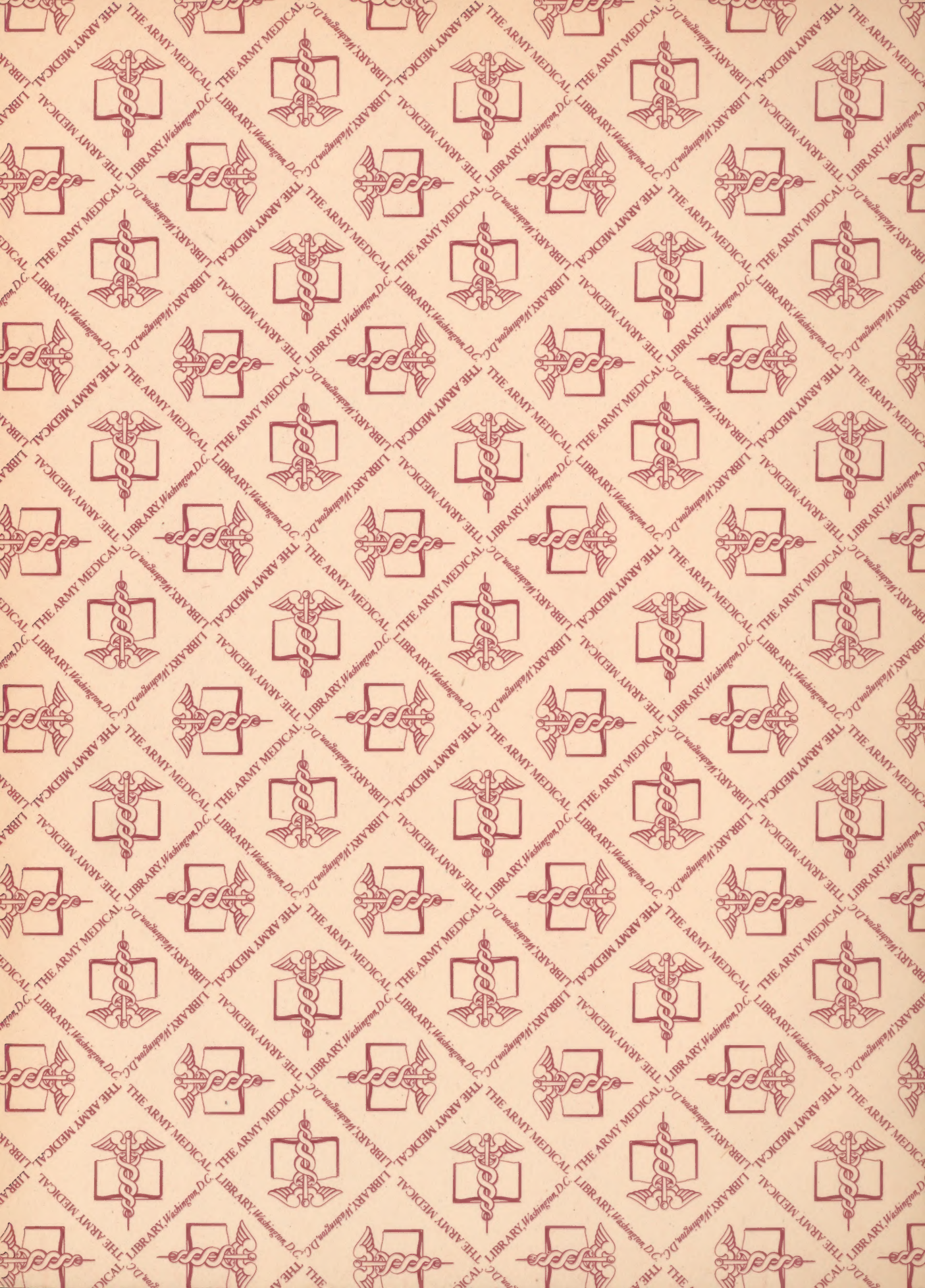
REFERENCES

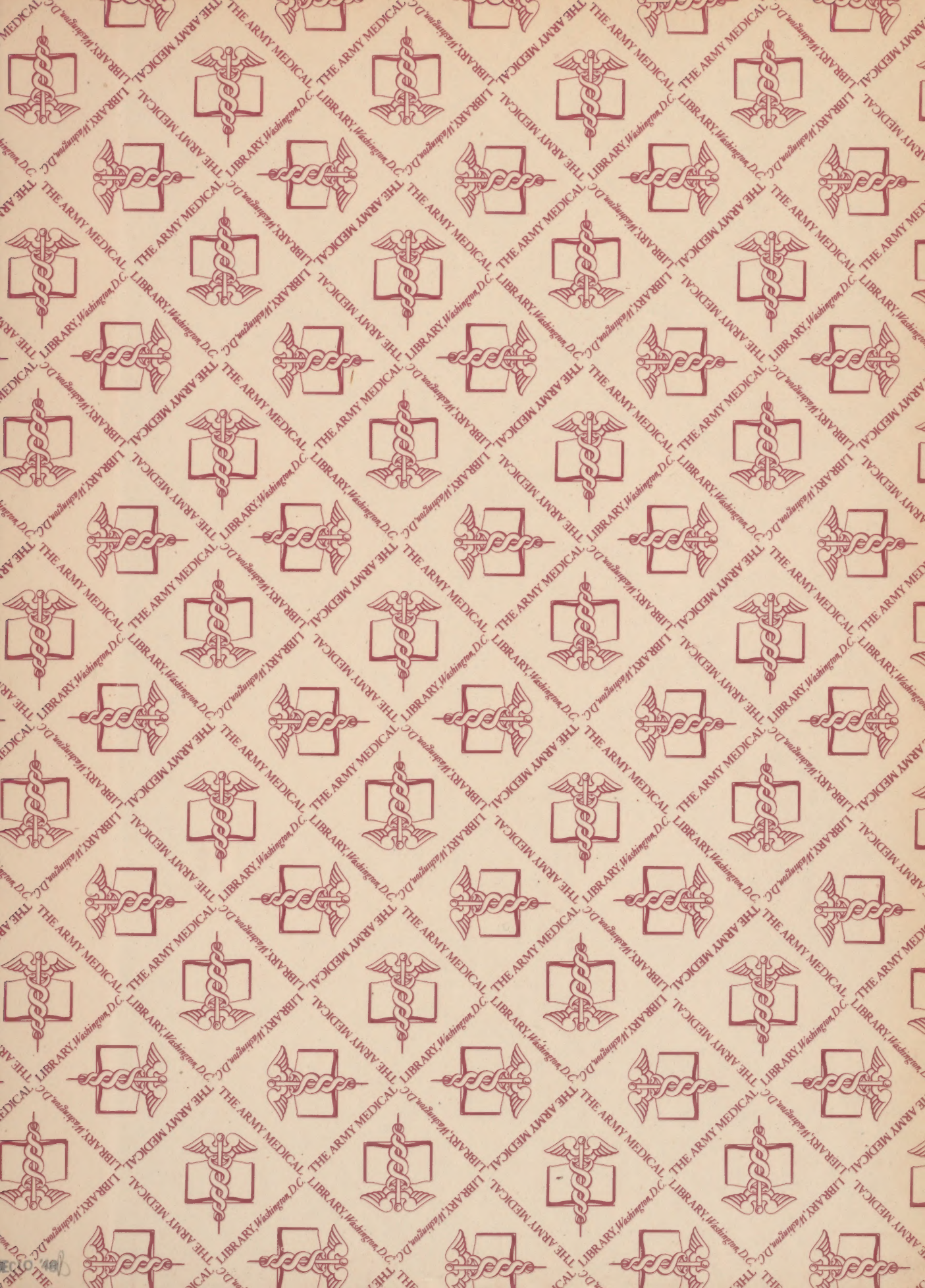
- | | |
|--|--|
| Koseisho Eisei Nempo | Imperial Japanese Government (1935-39) |
| Takumu Tokel | Imperial Japanese Government (1938) |
| Taiwan Igakkai Zasshi | Formosa Medical Association (1935-40) |
| Report of XVth International Red Cross Convention | |
| Horei Zenshu | Tokyo (1935-1941) |
| Reports to League of Nations by Imperial Japanese Government | |
| Bulletin of Hygiene | London (1935-1942) |
| Juiko Tokel | Imperial Japanese Government (1939) |
| Shokuiin Roku | Imperial Japanese Government (1940) |

Note: In the Sections on tropical diseases and parasites the nomenclature used has been directly translated from the Japanese text. Variations from terminology used in American texts may, therefore, be expected.

For complete information on parasites the reader is referred to the
"Laboratory Guide to Medical Protozoology and Helminthology"
Naval Medical School, National Naval Medical Center,
Bethesda, Maryland.







NATIONAL LIBRARY OF MEDICINE



NLM 00060866 7